

Name
in
Full

CERTIFICATE OF DEATH

James Allardice

Town

County

Died at

Foucaconing

Allegany

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1900

July

21

Age

68

9

22

Sex

Male

Color or
Race

White

Birth-
place

Scotland

Occupation

Coal Miner

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Margaret McNough

Father's
Name

Thomas Allardice

Father's
Birthplace

Scotland

Mother's
Maiden Name

Frew

Mother's
Birthplace

Scotland

Name of person giving
Information

Thomas Allardice

How related
to deceased

Son

CAUSES OF DEATH

Primary

Locomotor Ataxia.

How long

8 years

Immediate

Acute Dysentery.

How long

36 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

B. Skilling M.D.
Foucaconing

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORNER



Name
in
Full

Mrs. Guineo Anderson

CERTIFICATE OF DEATH

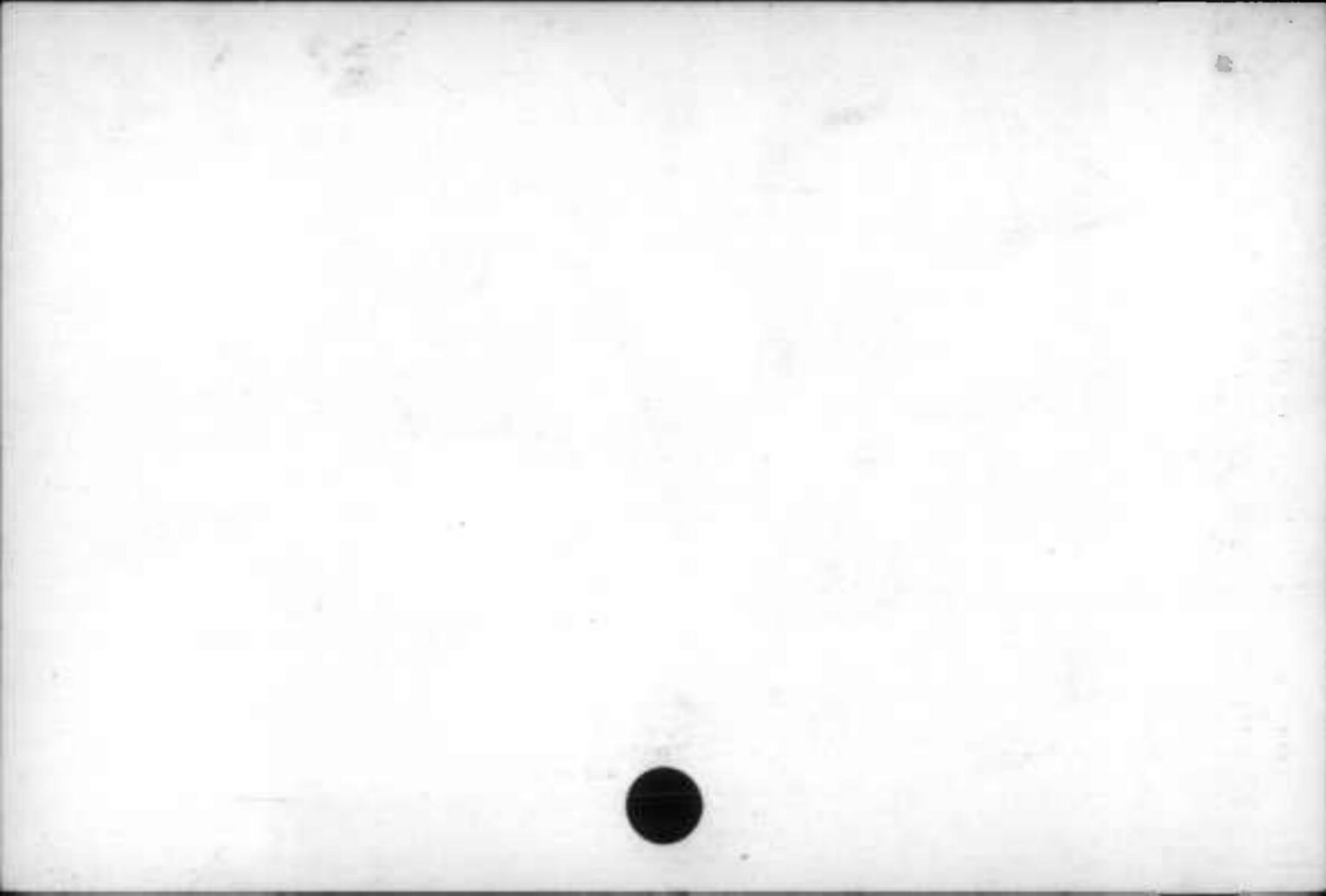
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lonsaering</u> Town		County <u>Alleghany</u> MARYLAND	
Date of death 19 <u>40</u>	Month <u>July</u>	Day <u>2</u>	Age <u>33</u> Years
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Lonsaering</u>	
Occupation <u>Textile worker</u>	Where Residing if not at place of death		
Married, Single or Widowed <u>Widow</u>	Name of Wife Husband <u>Alexander Anderson (deceased)</u>		
Father's Name <u>James Park</u>	Father's Birthplace <u>Scotland</u>		
Mother's Maiden Name <u>Marian Cunningham</u>	Mother's Birthplace <u>Scotland</u>		
Name of person giving information <u>Jessie Park</u>	How related to deceased <u>Sister</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Myocardial Infarction (1)</u>	How long <u>About six weeks</u>
Immediate <u>Plumiasis</u>	How long <u>Three days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. D. Skellum, M.D.</u>
	Address <u>Lonsaering</u>
Accident or Suicide <u>no</u>	



Name
in
Full

Fannie Beek

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Cumberland ^{County} Allegany

MARYLAND

Date of death 1910 ^{Month} July ^{Day} 7 ^{Years} Age 57 ^{Months} ^{Days}Sex Female ^{Color or Race} White ^{Birth-place} Germany^{Occupation} House Wife ^{Where Reading if not at place of death}Married, Single or Widowed Married ^{Name of Husband} John Beek^{Father's Name} Franciska K. ^{Father's Birthplace} Prussia^{Mother's Maiden Name} Do not know ^{Mother's Birthplace} Prussia^{Name of person giving information} John Beek ^{How related to deceased} Husband

CAUSES OF DEATH

^{Primary} Myocarditic ^{How long} 2 years^{Immediate} Oedema of lungs ^{How long} 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

^{Signature of Physician} W. R. Hodges^{Address} Cumberland, Md

Accident or Suicide?

8 children

5 Sons.

3 daughters

Jessie B. B. B.

Name
in
Full

John Henry Brady

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frostburg</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death	<u>1900</u>	Month <u>July</u>	Day <u>11</u>	Age <u>78</u>	Months <u>7</u> Days <u>11</u>
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Frostburg</u>		
Occupation <u>miner</u>	Where Residing if not at place of death <u>Frostburg</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband _____				
Father's Name <u>John Brady</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Mary Bean</u>	Mother's Birthplace <u>Wales</u>				
Name of person giving information <u>Mrs Brady</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

160

PHYSICIAN
OR CORONER

Primary <u>Cutting the jugular vein</u>	How long _____
Immediate <u>Hemorrhage</u>	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of <u>Coroner</u>
	Address <u>John F. Dressman</u>
Accident or Suicide? <u>Suicide</u>	<u>Cor. Motion Court'd Md</u>

Frøsting Hans Sunde

12/10

Name
in
Full

CERTIFICATE OF DEATH

Thomas Brehaney

Town

County

Died at

Longsoring

Allegheny

MARYLAND

Date

of death 1990

Month

July

Day

27

Years

Age

37

Months

Days

Sex

Male

Color or

Race

White

Birth-

place

Pekin Ma.

Occupation

Laborer

Where Residing if not
at place of death

Pekin Ma.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Ellen McCaslin

Father's
Name

James Brehaney

Father's
Birthplace

Ireland

Mother's
Maiden Name

Catherine Cain

Mother's
Birthplace

Ireland

Name of person giving
Information

James Brehaney

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Cerebral Hemorrhage

How long

64
Sudden

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

James C. Bullard, M.D.

Address



Longsoring

Accident or Suicide

no

Maryland

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
is
Full

Walton Lewis Britz

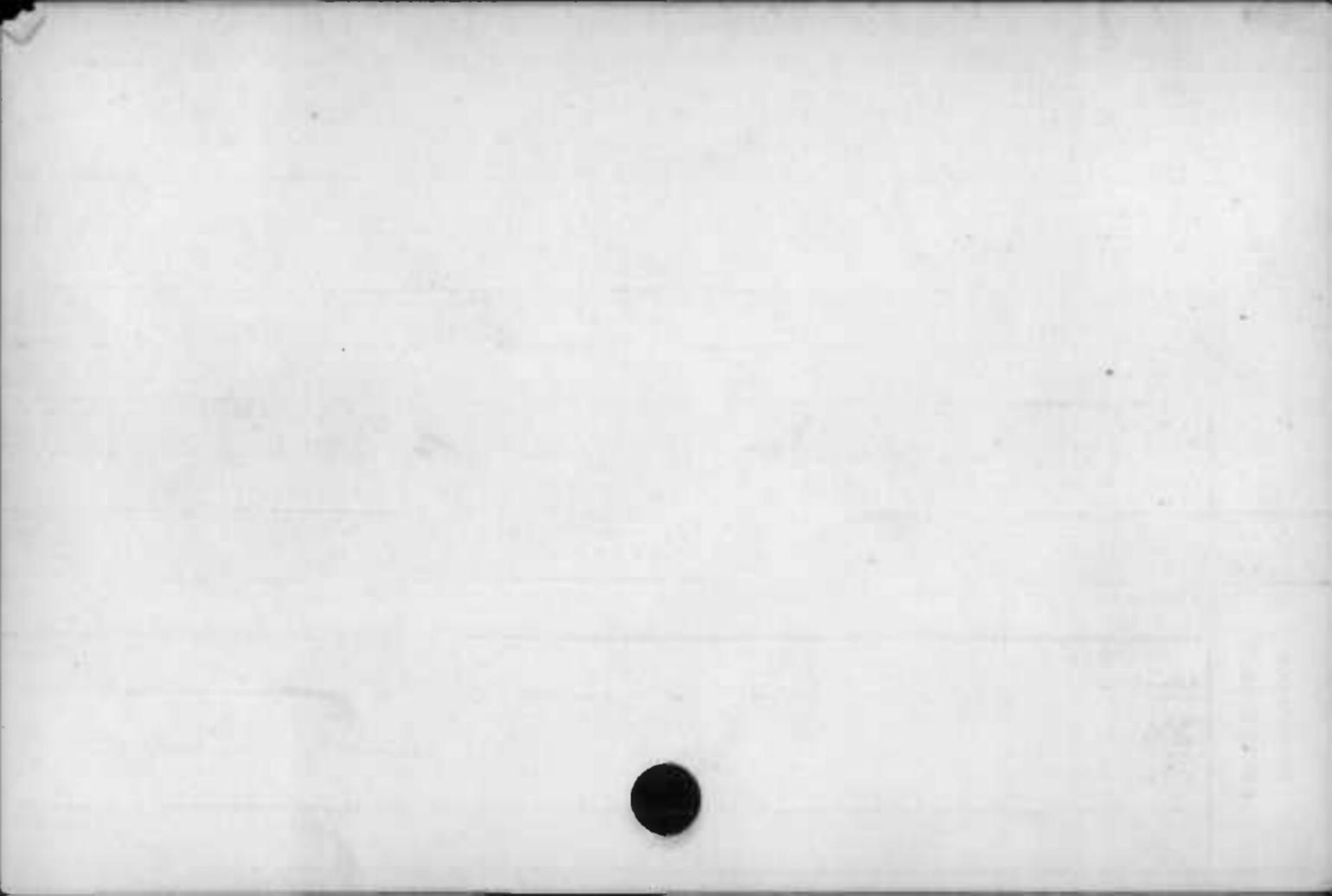
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> <small>Town</small>		<u>Allegany</u> <small>County</small>		MARYLAND	
Date of death	<u>1910</u>	Month	<u>July</u>	Day	<u>31st</u>
Age	<u>63</u>	Years		Months	
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>Newport, Pa</u>
Occupation	<u>Gen. Mgr Railroad</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>married</u>	Name of Wife	<u>Matilda W. Britz</u>		
Father's Name	<u>Thomas Britz</u>		Father's Birthplace <u>Dauphin Co., Pa.</u>		
Mother's Maiden Name	<u>Mary Hoffmeyer</u>		Mother's Birthplace <u>Dauphin Co., Pa.</u>		
Name of person giving information	<u>W.R. Britz</u>		How related to deceased <u>Cousin</u>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Chemia</u>	How long	<u>8 days</u>
	Immediate	<u>Edema of Lungs</u>	How long	<u>6 hours</u>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Thos. H. Snow</u>		
	Accident or Suicide?	Address <u>Cumberland</u>		



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jessie T. Burkett

Age ^{Years} 19 ^{Months} 4 ^{Days} 5County *Allegheny*

MARYLAND

Date of death 19*30* ^{Month} *July* ^{Day} *8*Age *19 4 5*Sex *Male*Color or Race *White*

Birth-place

Occupation *Telegraph Operator*

Where Residing if not at place of death

*Mans Choice Pa*Married, Single or Widowed *Single*Name of Wife or Husband *None*Father's Name *Samuel T. Burkett*Father's Birthplace *Mans Choice*Mother's Maiden Name *Annis G. Wertz*Mother's Birthplace *" " "*Name of person giving information *Samuel T. Burkett*How related to deceased *Father*

CAUSES OF DEATH

Primary *Struck by Locomotive**175*

How long

Immediate *Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Franklin J. Beall**fit*
Accident or Suicide *Mans Choice*Address *Cumberland, Md.*



Name
in
Full

Harriet Bush

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Barton Town Allegheny County

Date of death 1940 Month July Day 11 Age About 78 Years Months ✓ Days ✓

Sex female Color or Race Colored Birth-place Allegheny Co

Occupation Housewife Where Residing if not at place of death ✓

Married, Single or Widowed Single Name of Wife or Husband ✓

Father's Name John Crabtree Father's Birthplace Unknown

Mother's Maiden Name Mary Bush Mother's Birthplace Unknown

Name of person giving information A. B. Shaw How related to deceased No relation

CAUSES OF DEATH

PHYSICIAN
OR CORNER

Primary Heart & Kidney trouble How long Several years

Immediate Uremic Coma How long 4 days

Are the name, age, sex, color, date and place correctly given above? Yes as near as can be learned Signature of Physician A. A. Brocher

Address ●

Accident or Suicida



Name

Full

Elizabeth Camp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Cumberland* County *Allegheny* MARYLAND

Died at *Cumberland* Date of death 1916 *July 7* Age *38* Months *-* Days *-*

Sex *Female* Color or Race *White* Birth-place *Ohio*

Occupation *Home Wife* Where residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *Engene Camp*

Father's Name *John Metz* Father's Birthplace *Ohio*

Mother's Maiden Name *Be not known* Mother's Birthplace *-*

Name of person giving information *Engene Camp* How related to deceased *Husband*

CAUSES OF DEATH

42

Primary *Cancer of Uterus* How long *9 mos*

Immediate *Exhaustion* How long *2 wks*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *P. R. Owens M.D.*

Address *Cumberland Md*

Accident or Suicide? *no*

PHYSICIAN
OR CORONER

Journal of
no. 21
Child at 630 —

Name
in
FullNanymph Francis Carter,
Township

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Fruitburg Allegany

Date
of death

1900

Month

Day

9

Age

36

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Pleasanton, W. Va.

Occupation

Housewife

Where Residing if not
place of death

Brownsville, W. Va.

Married, Single
or Widowed

Married

Name of Wife or
Husband

John Carter

Father's
Name

William Washington

Father's
Birthplace

Pleasanton, W. Va.

Mother's
Maiden Name

Sallie Rubollon

Mother's
Birthplace

Fruitburg, W. Va.

Name of person giving
Information

Henry Able

How related
to deceased

Brother-in-law

CAUSES OF DEATH

Primary

due to cardiac insufficiency
General Anasarca

How long

probably 2 years

Immediate

Cardiac failure

How long

Short time

Are the name, age, sex, color, date
and place correctly given above?

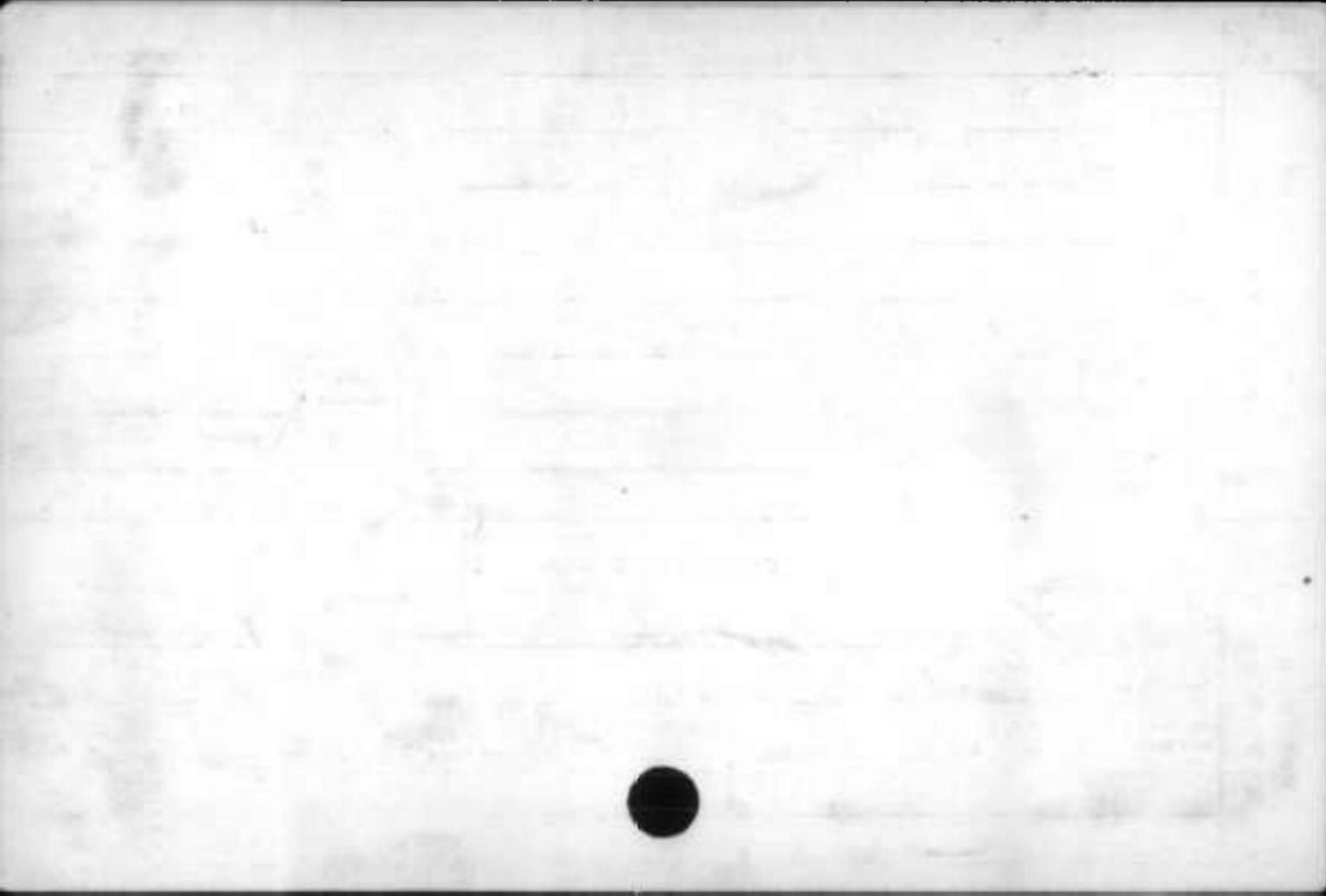
Yes

Signature of
Physician

Address

J. C. Coburn
Fruitburg, W. Va.

Accident or Suicide



Name
in
Full

James Casey

Co L -

10
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cumberland ^{County} Allegany MARYLAND

Date of death 1950 ^{Month} 7 ^{Day} 16 ^{Age} 33 ^{Years} ^{Months} ^{Days}

Sex Male - Color or Race Colored Birthplace Bank Va

Occupation Hester Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Lillian Casey

Father's Name James Casey - Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace " " "

Name of person giving Information Lillian Casey How related to deceased Wife -

CAUSES OF DEATH

Primary Pulmonary Tuberculosis (25) How long yrs ?

Immediate Exhaustion How long yrs ?

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

A. L. Franklin
Cumberland
Md.Accident or Suicide —PHYSICIAN
OR CORNER

Dr.
Franklin

Name in Full

W. M. Blay.

19
CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Tomb Town Allegheny County MARYLAND

Date of death 1910 Month July Day 25 Age 32 Years Months - Days -

Sex Male Color or Race White Birth-place W. Va.

Occupation Laborer Where Residing if not at place of death -

Married, Single or Widowed Married Name of Wife or Husband Elda

Father's Name Wm Blay Father's Birthplace Ind.

Mother's Maiden Name Mary Fitzpatrick Mother's Birthplace W. Va.

Name of person giving information W. Blay How related to decedent Brother

CAUSES OF DEATH

(54)
How long 1 y. 3 m.
How long -

PHYSICIAN OR CORONER

Primary Progressive Pernicious Anemia

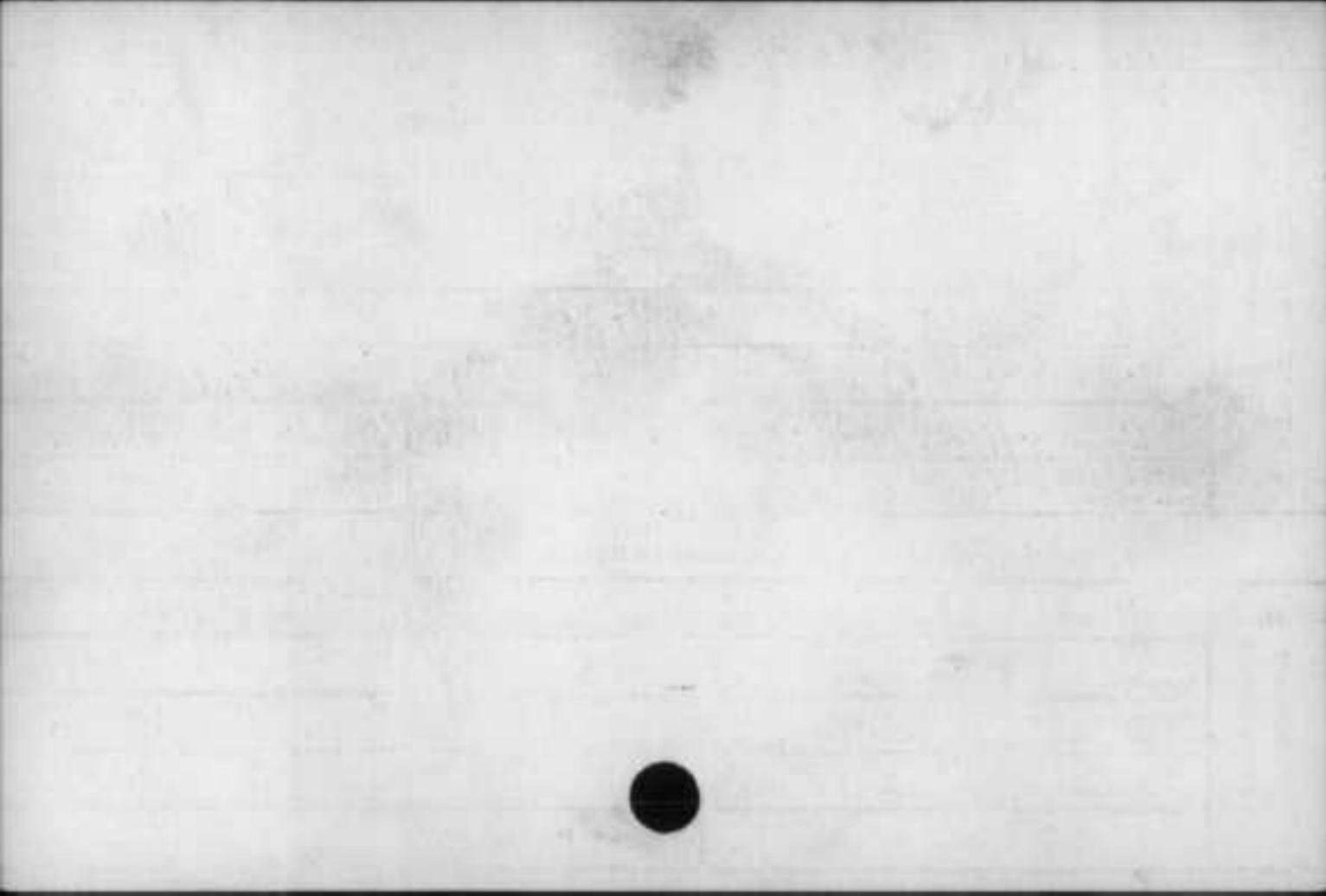
Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician William Burns

Address 175. Ballo. St. Burns.

Accident or Suicide? -



Name in Full

Dominic Patrick Conley

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Frostburg ^{County} Allegany MARYLAND

Date of death 1910 ^{Month} July ^{Day} 12 Age ^{Years} 27 ^{Months} ^{Days}

Sex Male Color or Race White Birth-place Delroy, O.

Occupation Stationary Engineer Where Residing if not at place of death Frostburg

Married, Single or Widowed Single Name of Wife or Husband

Father's Name John Conley Father's Birthplace Ireland

Mother's Maiden Name Anna Barrett Mother's Birthplace "

Name of person giving information Wm B. Conley How related to deceased Brother

CAUSES OF DEATH

(175)

PHYSICIAN OR CORONER

Primary Run over by cars How long Immediate

Immediate Decapitation How long "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Coroner

Address Frank B. Bell

Accident or Suicide? Accident Cumb'd, Md

Cathole

J. H. Hays

10/12

Name
in
Full

Martin Doyce

23
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtola</i>		Town		<i>Accersary</i>		County		MARYLAND	
Date of death	<i>1910</i>	Month	<i>July</i>	Day	<i>27</i>	Age	<i>-</i>	Years	<i>-</i>
								Months	<i>-</i>
								Days	<i>1</i>
Sex	<i>male</i>		Color or Race	<i>White</i>		Birth-place	<i>Cumtola</i>		
Occupation	<i>none</i>				Where Residing if not at place of death				
Married, Single or Widowed				Name of Wife or Husband					
<i>-</i>				<i>-</i>					
Father's Name	<i>Fredrick Doyce</i>					Father's Birthplace	<i>Cumtola</i>		
Mother's Maiden Name	<i>Caroline Brook</i>					Mother's Birthplace	<i>Ohio</i>		
Name of person giving information	<i>Fredrick Doyce</i>					How related to deceased	<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Premature birth</i>	How long	<i>15 1/2 hrs.</i>
	Immediate	<i>Exhaustion</i>	How long	<i>Delayed at</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Edward Harris</i>
		<i>Stein</i>	Address	<i>Cumtola Md</i>
	Accident or Suicide?	<i>X no</i>		<i>Harris</i>

2. System one

Name
in Full

Marjorie Shaw Dunn

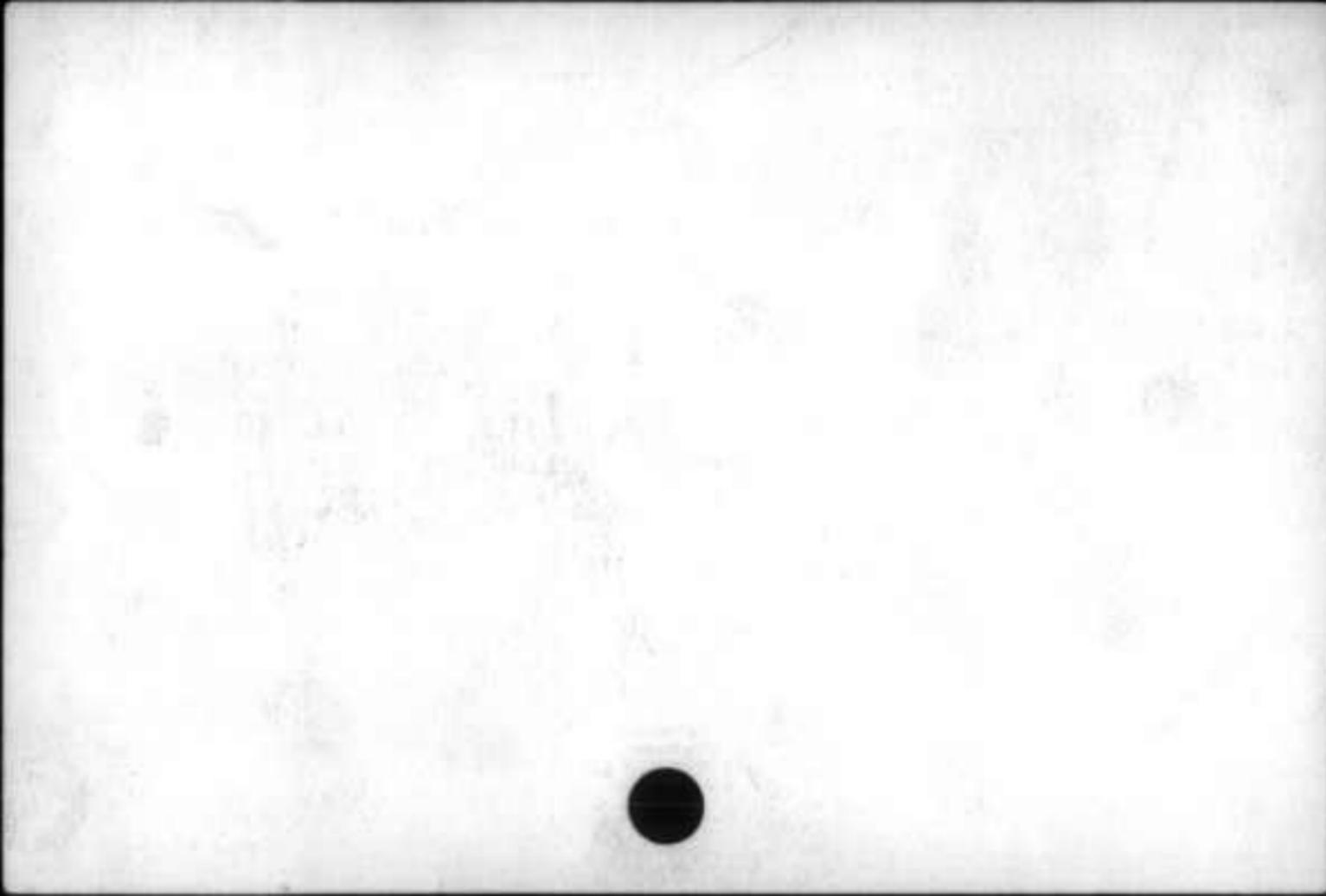
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frostburg		County Allegany		MARYLAND	
Date of death	1900	Month	July	Day	28	Age	55
Sex	Female	Color or Race	White	Birth-place	Maryland		
Occupation	Housewife		Where Residing if not at place of death		—		
Married, Single or Widowed	Married	Name of Wife or Husband	Stewart Dunn				
Father's Name	William Beveridge		Father's Birthplace	Scotland			
Mother's Maiden Name	Jane Auld		Mother's Birthplace	Scotland			
Name of person giving Information	Jane Auld Mains		How related to deceased	Daughter			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Acute Indigestion	How long	Repeated attacks for several days.
	Immediate	Cardiac Collapse	How long	Five minutes.
	Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. A. R. Walker
			Address	Frostburg.
	Accident or Suicide	—		



Name
in
Full

Sarah Furbaker

CERTIFICATE OF DEATH

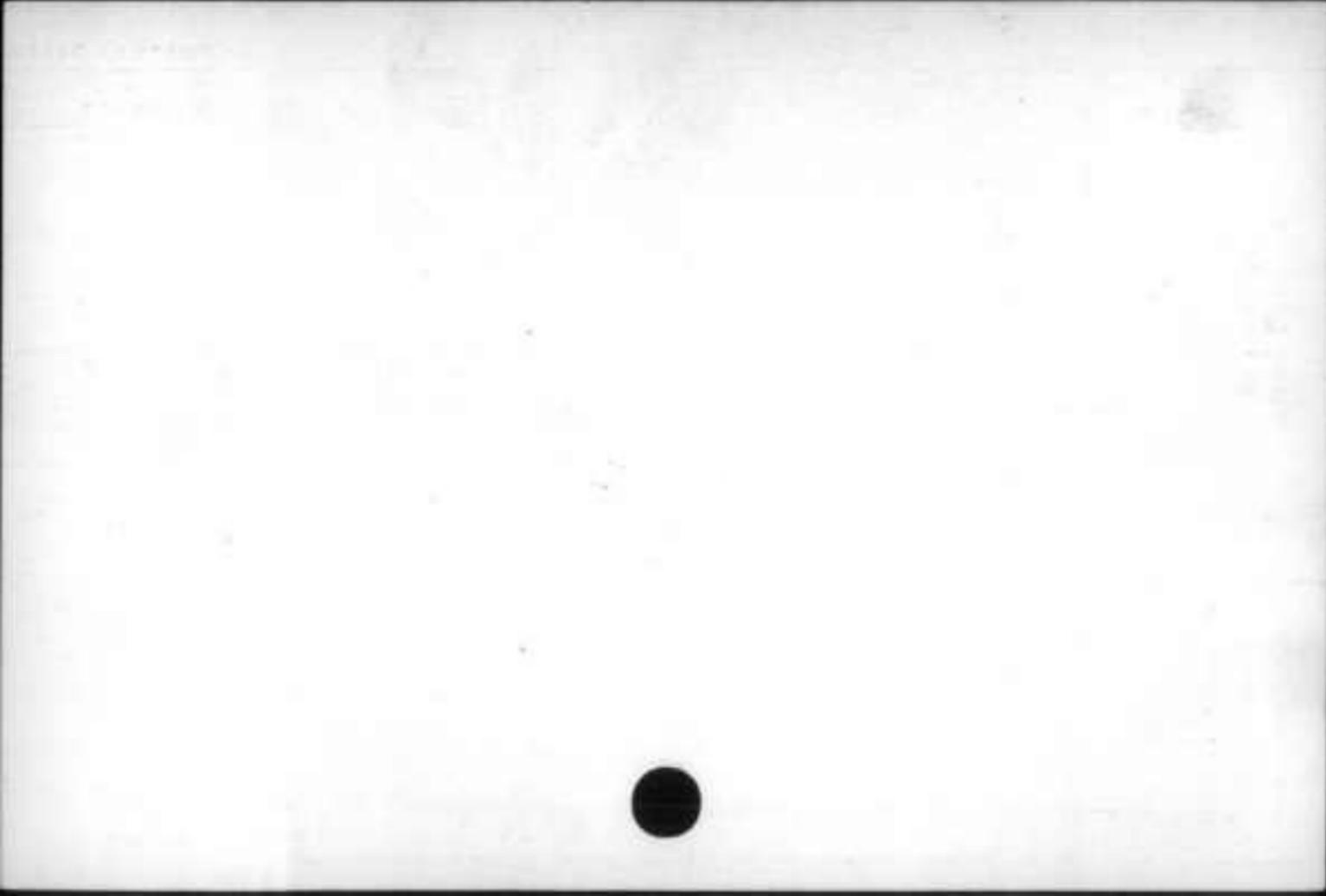
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Moscow Mills</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MARYLAND	
Date of death <i>1900</i>	<i>July</i> <small>Month</small>	<i>20</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>5-</i> <small>Months</small>	<i>6-</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Lawsoning</i>			
Occupation <i>none</i>	Where Residing if not at place of death <i>Lawsoning</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Unknown - illegitimate</i>	Father's Birthplace <i>—</i>				
Mother's Maiden Name <i>Mattha C. Furbaker</i>	Mother's Birthplace <i>Pastor-</i>				
Name of person giving Information <i>William M Lead</i>	How related to deceased <i>Cousin</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus since birth</i>	How long <i>5 months</i>
Immediate <i>Convulsions</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James C. Bullock M.D.</i>
Accident or Suicide <i>no</i>	Address <i>Lawsoning Md.</i>



Name in Full

Phillie Lee Fitch

6
CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at ^{Town} Cumberland ^{County} Allegany MARYLAND

Date of death 19 10 ^{Month} July ^{Day} 16 Age ^{Years} 1 ^{Months} month ^{Days} one — 0

Sex Female Color or Race white Birth-place Cumberland

Occupation _____ Where Reading if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Everett Fitch Father's Birthplace Ohio

Mother's Maiden Name Bulah Watson Mother's Birthplace N. Va.

Name of person giving information Bulah Fitch How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Gastritis How long 1 week

Immediate Heart failure How long _____

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician M. Catherine Buell

Address Dr. Frederick St. City.

Accident or Suicide? _____

21/10/70

#1028 = opposite lecture note

Name in Full

George Robert Irons

CERTIFICATE OF DEATH

4

TO BE ANSWERED BY NEAREST FRIEND

Died at Cumtola Town Alleghany County MARYLAND

Date of death 1910 Month July Day 17 Age 5 Years — Months — Days —

Sex Male Color or Race White Birth-place MD

Occupation none Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Silas Irons Father's Birthplace MD

Mother's Maiden Name Stella Shields Mother's Birthplace MD

Name of person giving information Stella Shields How related to deceased Mother

CAUSES OF DEATH

1047

PHYSICIAN OR CORONER

Primary Chronic Gastro Enteritis How long One month

Immediate Exhaustion How long 4 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J R Owens MD

Address Cumtola MD

Accident or Suicide? Stella

Tuesday at 9 St Mary
Interment at St P & P

Name
in Full

Sidney Gant

CERTIFICATE OF DEATH 26

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumtba</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death	1919	Month	July	Day	30
Age	49	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	W. Va
Occupation	Housewife		Where Reading if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Garry		
Father's Name	Do not know		Father's Birthplace	Do not know	
Mother's Maiden Name	Marie Wellington		Mother's Birthplace	W. Va	
Name of person giving information	Jerry Gant		How related to deceased	Brother	

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	Cancer of liver	How long	6 mos.
Immediate	Exhaustion	How long	1 mos.
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Spurgeon Starn
	Stein	Address	Chapel Hill N.C.
Accident or Suicide?			

#15.1607 24-

Name
in FullInfant of O. M. Hamler
Narrows Allegany County

CERTIFICATE OF DEATH

MARYLAND

Died at

Date of death 1900 July 18 Age 0 Months 0 Days

Sex Male Color or Race White Birth-place Md.

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name O. M. Hamler Father's Birthplace Perry

Mother's Maiden Name Luercia Bicker Mother's Birthplace

Name of person giving Information O. M. Hamler How related to deceased Father

CAUSES OF DEATH

Primary Amputation Birth. How long 2 1/2 Mo.

Immediate Unknown or Natural How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. F. Twigg.

Address Cumberland Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

Earl B. Harden

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at Cumtobards Alleghany County MARYLAND

Date of death 1910 Month 7 Day 31 Age 32 - Months - Days -

Sex Male - Color or Race White Birth-place Unknown

Occupation Painter Where Residing if not at place of death Unknown

Married, Single or Widowed Unknown Name of Wife or Husband -

Father's Name J. B. Harden Father's Birth-place Unknown

Mother's Maiden Name Unknown Mother's Birth-place " " " "

Name of person giving information G. St. Pether How related to deceased None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Struck by Railroad Train (1907) How long (Found dead)

Immediate Exhaustion How long -

Are the name, age, sex, color, date and place correctly given above? Yes -

Signature of Physician Franklin B. Beall, Coroner

Address Cumberland, Md.

Accident or Suicide? Accident

Opelika N. Va

Name
in Full

Paul K. Hare

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

4

Died at Cumberland ^{County} Alleg **MARYLAND**

Date of death 1970 ^{Month} July ^{Day} 3 ^{Years} 8 ^{Months} 6 ^{Days}

Sex male Color or Race White Birth-place Cumuld

Occupation None Where Residing if not at place of death _____

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Robert T Hare Father's Birthplace N. Va.

Mother's Maiden Name Grace Fauver Mother's Birthplace Ma

Name of person giving Information " " How related to deceased Mother

CAUSES OF DEATH

Primary Ilio Colitis 10W How long 1 week

Immediate Exhaustion How long 2 days

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

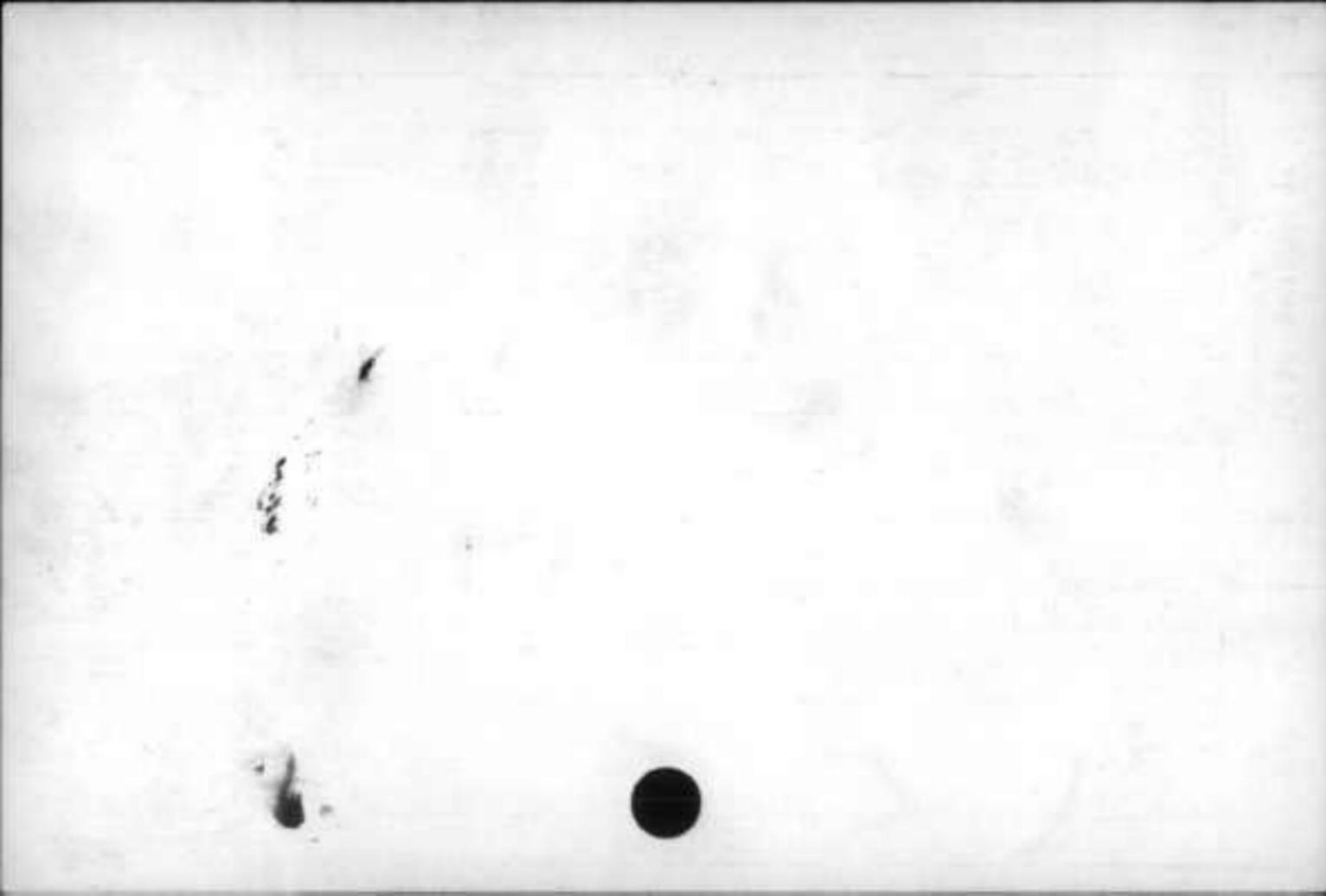
Address

William R. Foad MD

109 Va. Ave

Cumberland MD

Accident or Suicide



Name in Full

^{Richardson}
Jeannette Dawson Hobbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at

Lonaconing

Town

Allegheny

County

MARYLAND

Date of death

1910 July 17

Month

Day

Age 59

Years

Months

16

Days

Sex

Female

Color or Race

White

Birth-place

Washington D.C.

Occupation

Housewife

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Rev. Gustavus Hobbs.

Father's Name

Edgar Pierpont Richardson

Father's Birthplace

Fairfax Co. Va

Mother's Maiden Name

Elizabeth Clarkson

Mother's Birthplace

Alexandria Va

Name of person giving Information

Gustavus W. Hobbs Jr.

How related to deceased

Son

CAUSES OF DEATH

120

Primary

Chronic Nephritis

How long

4 years

Immediate

Toxaemia

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Henry M. Hodgson M.D.

Address

Lonaconing Md

Accident or Suicide

No

PHYSICIAN OR CORONER

Signature of Physician



Name
In Full

Mrs. Catherine Hoye

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

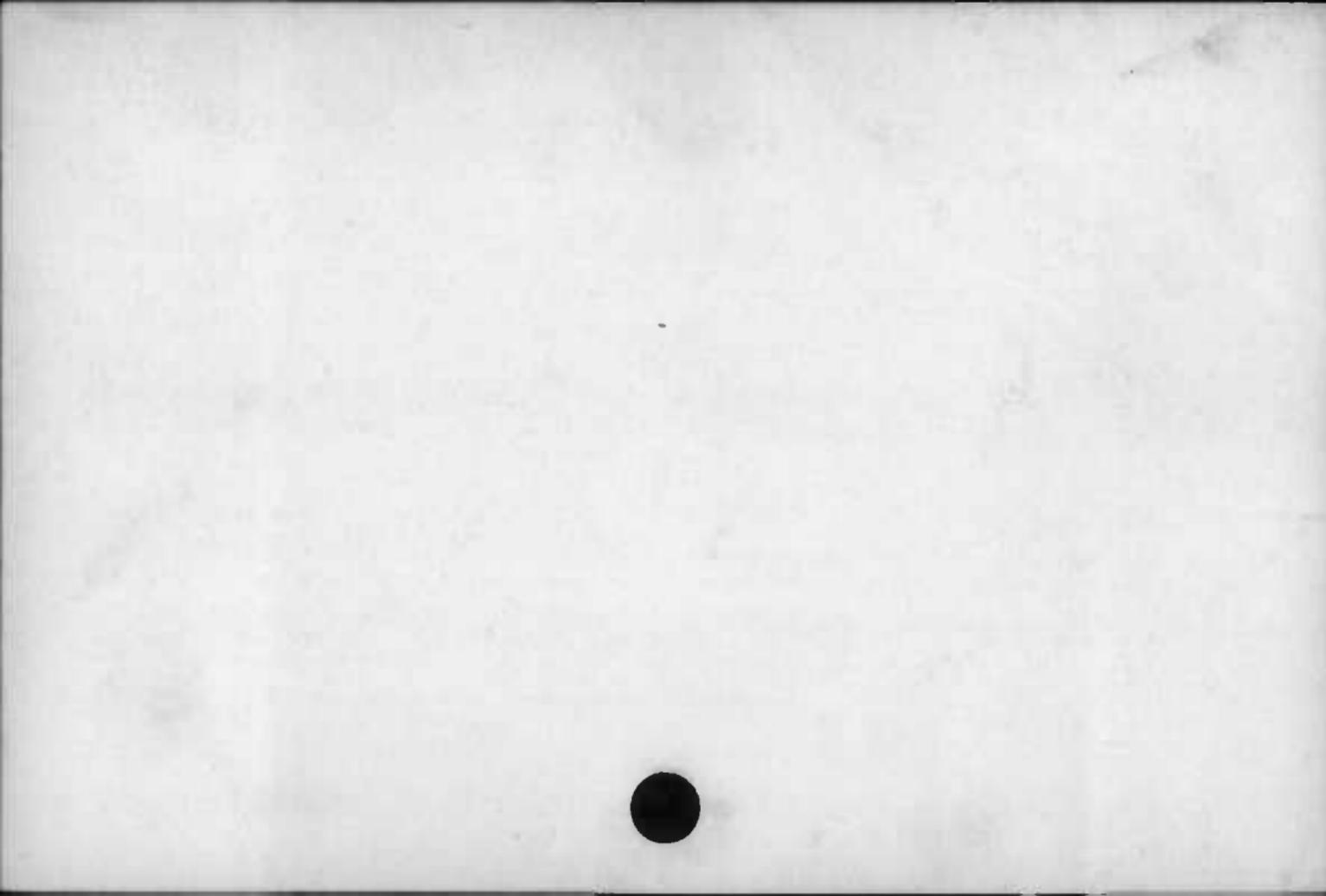
Died at <u>Midland</u> <small>Town</small>		<u>Alleghany</u> <small>County</small>		MARYLAND	
Date of death	<u>1940</u>	Month	<u>July</u>	Day	<u>25</u>
Age	<u>37</u>	Years	<u>4</u>	Months	<u>4</u>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>England</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u>Midland, Md</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>Peter Hoye</u>			
Father's Name	<u>John M^cCreery</u>		Father's Birthplace	<u>Ireland</u>	
Mother's Maiden Name	<u>Elizabeth M^cPortland</u>		Mother's Birthplace	<u>Ireland</u>	
Name of person giving information	<u>Peter Hoye</u>		How related to deceased	<u>Husband</u>	

CAUSES OF DEATH

28
How long

PHYSICIAN
OR CORONER

Primary	<u>Acute Miliary Tuberculosis</u>	How long	<u>2 months</u>
Immediate	<u>Acute Miliary Tuberculosis</u>	How long	<u>2 months</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>F. P. O'Neil, M. D.</u>
		Address	<u>Midland, Md.</u>
Accident or Suicide?			



Name
in
Full

Mary Gladys Johnson

22
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at

Cumberland Allegany

MARYLAND

Date

of death 1940

Month

July

Day

26

Age

Years

9

Months

3

Days

6

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

School girl

When Residing if not
at place of deathMarried, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Wm A Johnson

Father's
Birthplace

Md

Mother's
Maiden Name

Myrtle Lovell

Mother's
Birthplace

W Va

Name of person giving
Information

Mrs Wm A Johnson

How related
to deceased

mother

CAUSES OF DEATH

Primary

Typhoid fever

How long

2 wks 5 days

Immediate

Pneumonia meningitis

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

P R Lewis MD
Cumberland Md

Accident or Suicide

—

11 Emerald



Name
in
Full

Ida May Jolley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

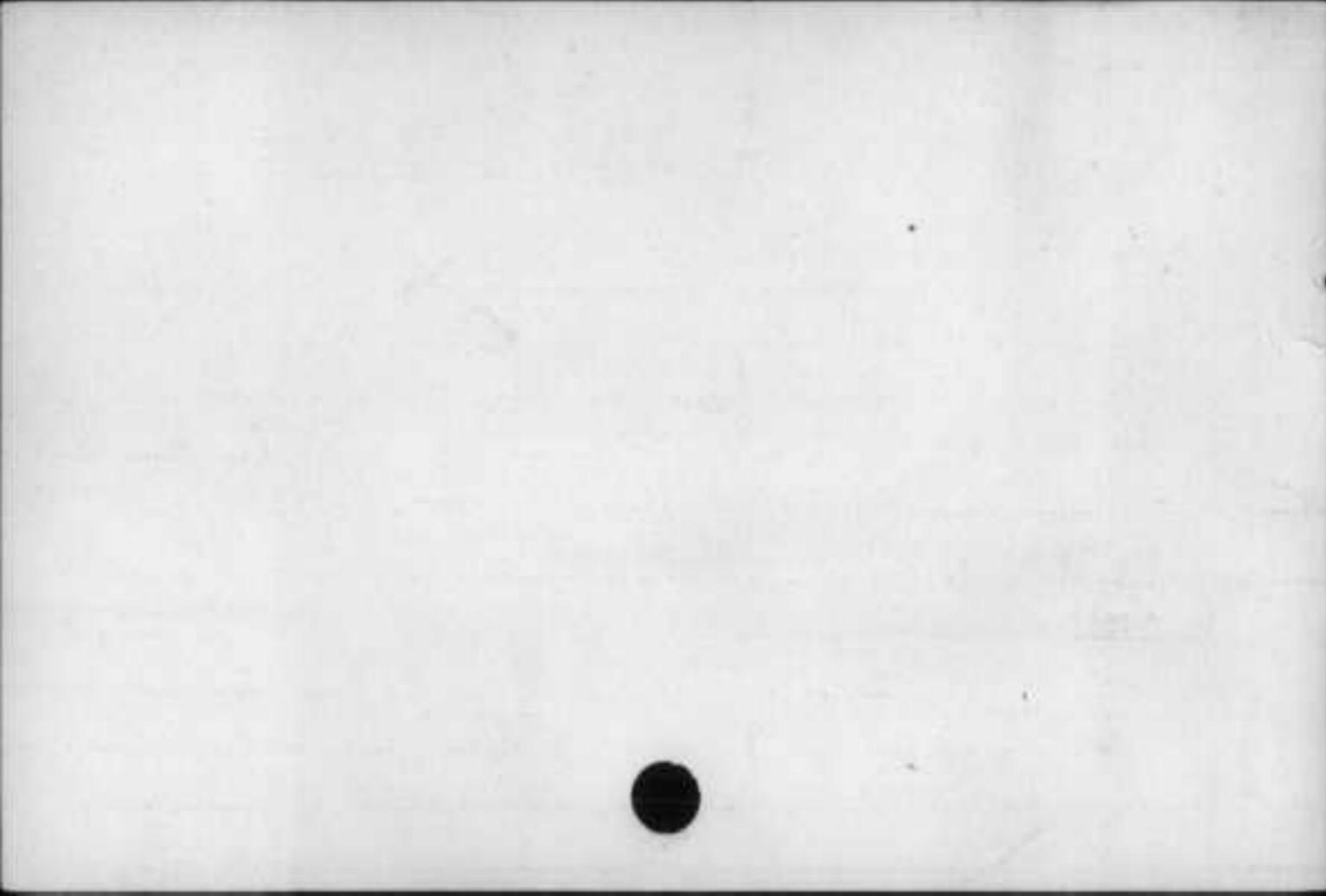
Died at <i>Cumberland</i> <small>Town</small>		<i>Allegheny</i> <small>County</small>		MAYLAND	
Date of death	<i>1910</i>	Month	<i>July</i>	Day	<i>15</i>
Age	<i>23</i>	Years		Months	
Sex	<i>Female</i>	Color or Race	<i>White American</i>	Birth-place	<i>Maryland</i>
Occupation	<i>Housewife</i>		Where residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Elwood Jolley</i>		
Father's Name	<i>John Gorman</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Mary Layd.</i>		Mother's Birthplace	<i>Switzerland</i>	
Name of person giving information	<i>Elwood Jolley</i>		How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Conspicuous</i>	How long	<i>About 4 months</i>
Immediate	<i>Exanthema</i>	How long	<i>3 or 4 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. W. Hadgson</i>
<i>Stain.</i>		Address	<i>Cumberland Md</i>
Accident or Suicide?	<i>—</i>		

136



Name
in
Full

Edna Pearl Jones

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Fonaconing Allegany

Date

Month

Day

Years

Months

Days

of death

1900

July

22

Age

—

5

4

Sex

Female

Color or
Race

White

Birth-
place

Fonaconing, Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

William Henry Jones

Father's
Birthplace

Wales

Mother's
Maiden Name

Emily Perry

Mother's
Birthplace

Wales

Name of person giving
Information

Mrs. W. H. Jones

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Marasmus

How long

189 d

since birth.

Immediate

Inauition

How long

since birth.

Are the name, age, sex, color, date
and place correctly given?

Yes

Signature of
Physician

Address

P. Skilling, M.D.
Fonaconing

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In Full

Jacob Kessler

CERTIFICATE OF DEATH ⁹TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> <small>Town</small>		<u>Allegany</u> <small>County</small>		MARYLAND	
Date of death 19 <u>10</u>	<u>July</u> <small>Month</small>	<u>15</u> <small>Days</small>	Age <u>72</u>	<u>-</u> <small>Months</small>	<u>-</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>			
Occupation <u>Farmer</u>	Where residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Randa Miller</u>				
Father's Name <u>Don't Know</u>	Father's Birthplace <u>Don't Know</u>				
Mother's Maiden Name <u>Don't Know</u>	Mother's Birthplace <u>" "</u>				
Name of person giving information <u>Randa Kessler</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Exposure to sun</u>	How long <u>17 1/2</u>	Perkins
Immediate <u>Apoplexy</u>	How long <u>20 minutes</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>C. R. Owens</u>	
<u>St. Louis</u>	Address <u>Cumberland Md</u> <u>Owens & Blackrock</u>	
Accident or Suicide?		

write 2 children
part 2 series see —
known at home a number
years before —

Name in Full

George Kinne

15
CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

9

Died at		Cumberland		County		MAYLAND	
Date of death	1910	Month	July	Day	22	Age	Years
							Months
							Days
Sex	male		Color or Race	White		Birth-place	Cumhd.
Occupation	None		Where residing if not at place of death		—		
Married, Single or Widowed	Single		Name of Wife or Husband		None		
Father's Name	George Kinne		Father's Birthplace		W. Va.		
Mother's Maiden Name	Lulu Deter		Mother's Birthplace		Md.		
Name of person giving information	Bradley Deter		How related to deceased		Grandfather		

CAUSES OF DEATH

104

PHYSICIAN OR CORONER

Primary	Chronic Gastro Enteritis	How long	1 1/2 mos
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	C. L. Brown M.D.
Accident or Suicide?	no	Address	Cumberland Md

To all
& friends.
S.

Name in Full

12

CERTIFICATE OF DEATH

Richard L ~~Kunzle~~ ^{own} ~~County~~

Died at Cumberland, Md. Allegany MARYLAND

Date of death 1940 July 20 Age 39

Sex Male Color or Race white Birthplace Penna

Occupation Farmer. Where Residing if not at place of death Allegheny Hospital

Married, Single or Widowed Married Name of Wife or Husband Ethel Kuntler

Father's Name Byron D Kuntler Father's Birthplace Penna

Mother's Maiden Name Anna Gro. Mother's Birthplace Penna

Name of person giving information Mr. Wm Bernard How related to deceased Grandson

CAUSES OF DEATH

Primary Cancer of Caecum How long 6 months

Immediate Exhaustion How long (?)

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician James J. Johnson, M.D. Address Cumberland, Md

Accident or Suicide

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

~~Handwritten text, possibly a signature or name, crossed out with a horizontal line.~~



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name: *Annica A. Laborday*
 Died at: *Hondyke* Town *Alligany* County
 Date of death: *1970* *July* Month *30* Day Age *—* Years *3* Months Days *—*
 Sex: *Female* Color or Race: *White* Birth-place: *Hondyke*
 Occupation: *None* Where Residing if not at place of death: *—*

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide

PHYSICIAN
OR CORNER



Name
in Full

Stillborn Lewis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
17 Rosebury		Allaway					
Date of death		Month	Day	Age	Years	Months	Weeks
1970 July 11				51			10 hours
Sex	male	Color or Race	white	Where Resident If not at place of death		Birth-place	Crooked Run, Md
Occupation	Name of Wife or Husband						
Married, Single or Widowed	Name of Father		Father's Birthplace				
—	Wm Lewis		Md				
Father's Name	Mother's Maiden Name		Mother's Birthplace				
	Kegzia Griffiths		Md				
Name of person giving information	Name of person deceased						
Wm Lewis	Stillborn		Fallin				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Premature birth	How long	10 hours	
	Immediate				
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	J. M. Baker		
	Accident or Suicide	Address			

Prosting Lowland

Prosting

Name is Full

Margaret E Linn

18
CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

G

Died at Cumberland Allegany County

Date of death 1910 July 25 Age 59 Months 3 Days —

Sex Female Color or Race White Birth-place Pa

Occupation retired home keeper Where Residing if not at place of death —

Married, Single or Widowed Widow Name of Wife or Husband Will Linn

Father's Name Arnold Bennett Father's Birthplace Pa

Mother's Maiden Name Elizabeth Folk Mother's Birthplace Pa

Name of person giving information Bessie G Coffey Relationship to deceased Daughter

CAUSES OF DEATH

103

PHYSICIAN OR CORONER

Primary Cerebral Anoxia How long some

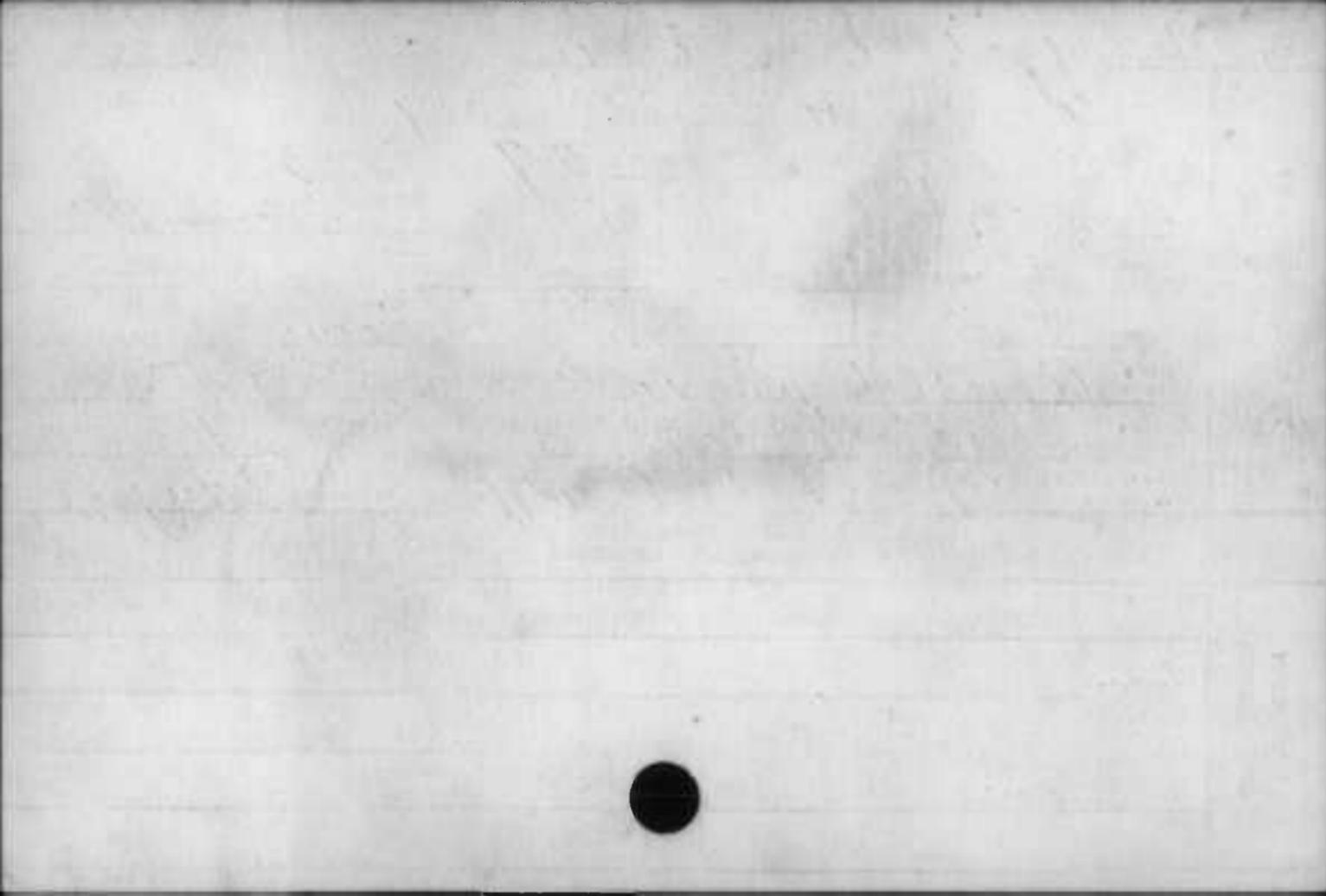
Immediate Infection How long gradual

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician [Signature]

Address Cumberland

Accident or Suicide? —



Name
in
Full

Ervinne Loar

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Valle Summit</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death	1909	Month	July	Day	30
Age	1	Years	1	Months	
Sex	Male	Color or Race	White	Birth-place	Valle Summit
Occupation	_____		Where Reading if not at place of death _____		
Married, Single or Widowed	_____		Name of Wife or Husband _____		
Father's Name	Noah Meadows Loar		Father's Birthplace	Deer Mountain	
Mother's Maiden Name	Violet Morton		Mother's Birthplace	Toungstown	
Name of person giving information	" "		How related to deceased	brother	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<u>Cholera Infantum</u>	How long	<u>two days</u>
Immediate	<u>Exhaustion</u>	How long	<u>immediate</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>C. Holdsworth M.D.</u>		
	Address <u>Rock Hill, W. Va.</u>		
Accident or Suicide?	_____		

L. Baker

Name

in Full

Michael Leo M. Dale

CERTIFICATE OF DEATH

Died at ^{Town} Frostburg ^{County} Allegany MARYLANDDate of death 1990 ^{Month} 7 ^{Day} 15 ^{Age} ^{Years} ^{Months} 11 ^{Days} 5Sex male ^{Color or Race} White ^{Birth-place} U.S.Occupation _____ ^{Where Residing if not at place of death} _____Married, Single or Widowed S ^{Name of Wife or Husband} _____Father's Name James M. Dale ^{Father's Birthplace} U.S.Mother's Maiden Name Sarah S. Michael ^{Mother's Birthplace} U.S.Name of person giving Information Father ^{How related to deceased} 8

CAUSES OF DEATH

Primary Whooping cough ^{How long} 5 weeksImmediate Diffuse capillary Bronchitis ^{How long} 2 daysAre the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} Thomas D. Blourey_____
^{Address} Frostburg, Md.

Accident or Suicide _____

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Hofer

St. Michaels Cem.

Name in Full

Chas E. McKinstry

TO BE ANSWERED BY NEAREST FRIEND

Died at Cumberland Alleghany County, MARYLAND

Date of death 1910 7 25 48 Age 7 — Months — Days

Sex Male Color or Race White Birth-place Ashtabula, O.

Occupation B. & O. Gard Fireman Where residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Mollie E. McKinstry

Father's Name James McKinstry Father's Birthplace Ohio

Mother's Maiden Name Jane Evans Mother's Birthplace Ohio

Name of person giving information Joseph H. Wilson How related to deceased

CAUSES OF DEATH

(186)

PHYSICIAN OR CORONER

Primary Crushed between Engine and tender in collision How long Immediate

Immediate Exhaustion How long five minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Franklin P. Beall, Coroner

Address Cumberland, Md.

Accident or Suicide? Accident



Name
In Full

Mary McNamee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>W. Savage</i> ^{Town}		County <i>Allegany</i>		MARYLAND		
Date of death	19 <i>10</i> ^{Month}	<i>July</i> ^{Day}	<i>9</i> ^{Year}	Age <i>64</i>	<i>7</i> ^{Months}	<i>0</i> ^{Days}
Sex	<i>Female</i>		Color or Race	<i>White</i>		
Occupation	<i>Homemaker</i>		Birth-place	<i>W. Savage, Md.</i>		
Where Residing if not at place of death						
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Frank McNamee</i>		
Father's Name	<i>Anthony Monahan</i>		Father's Birthplace	<i>Ireland</i>		
Mother's Maiden Name	<i>Bridget Hanahan</i>		Mother's Birthplace	<i>Ireland</i>		
Name of person giving information	<i>Frank McNamee</i>		How related to deceased	<i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Chronic Hepatitis</i>	How long	<i>2 years</i>
	Immediate	<i>Cerebral Hemorrhage</i>	How long	<i>3 days</i>
	Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>F. Alan E. Murray, M.D.</i>
	Address	<i>W. Savage</i>	<i>Md.</i>	
Accident or Suicide?				



Generic Marker

TO BE ANSWERED BY NEAREST FRIEND

Died at <u>Cumberland</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death	<u>1910</u>	Month <u>July</u>	Day <u>25</u>	Age <u>—</u> Years	Months <u>01</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>West Va</u>		
Occupation <u>none</u>	Where Reading if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Thomas E Marker</u>	Father's Birthplace <u>Ohio</u>		Mother's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Blara Barney</u>	Name of person giving information <u>Blara Marker</u>		How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <u>Convulsions</u>	How long <u>one hour</u>
Immediate <u>Exhaustion.</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Franklin B. Beall, Coroner</u>
<u>Stem</u>	Address <u>Cumberland, Md.</u>
Accident or Suicide? <u>—</u>	<u>—</u>

Whitney and party

Name
is
Full

Ellen Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Cumberland</i> ^{County} <i>alleg</i>		MARYLAND	
Date of death	19 <i>10</i> ^{Month} <i>July</i> ^{Day} <i>4</i>	Age	<i>42</i> ^{Years} <i>—</i> ^{Months} <i>—</i> ^{Days} <i>—</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>
Occupation	<i>Cook</i>	Birth-place	<i>W. Va.</i>
Married, Single or Widowed	<i>Widow</i>	Name of Wife or Husband	<i>Chas Matthews</i>
Father's Name	<i>Chauncey Ross</i>	Father's Birthplace	<i>D.K.</i>
Mother's Maiden Name	<i>Jobithe Ross</i>	Mother's Birthplace	<i>D.K.</i>
Name of person giving information	<i>Halie Clifford</i>	How related to deceased	<i>Niece</i>

CAUSES OF DEATH

Primary	<i>Heart Failure</i>	How long	<i>1899</i>
Immediate	<i>Exhaustion</i>	How long	

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Franklin B. Beale

Address

Cumberland, Md.

Accident or Suicide?



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Stella May

Town

Alle

County

MARYLAND

Died at *Cumteland*
Date of death *1910 July 15* Age *Years Months Days* *4*

Sex *Female* Color or Race *White* Birth-place *Ind*

Occupation *none* Where residing if not at place of death *39 Roberts St*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *William May* Father's Birthplace *West Va*

Mother's Maiden Name *Anna Gussman* Mother's Birthplace *Penn*

Name of person giving information *William May* How related to deceased *Father*

CAUSES OF DEATH

157 B

PHYSICIAN
OR CORONER

Primary *asphyxia + Prematurity* How long *2 or 3 days*

Immediate *Exhaustion* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *P L Owens M.D.*

Address *Cumteland Ind*

Accident or Suicide? *no*



Name
in
Full

Edna A. Mays-

CERTIFICATE OF DEATH

5

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland Allegany</i> County		MARYLAND	
Date of death 1916	Month 7	Day 25	Age 25 7
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Cumt. Md</i>	
Occupation	Where residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Ray Mays</i>	Father's Birthplace <i>Dorling Pa</i>		
Mother's Maiden Name <i>Anna Stutz</i>	Mother's Birthplace <i>Ga. Rhode Is</i>		
Name of person giving information <i>Ray Mays</i>	How related to decedent <i>Father</i>		

CAUSES OF DEATH

109

PHYSICIAN
OR CORONER

Primary <i>Intestinal Intussusception</i>	How long <i>4 days</i>
Immediate <i>Exhaustion - auto intoxication</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>William R. Fardman</i>
	Address <i>109 Va Ave.</i>
Accident or Suicide?	<i>Cumberland Md.</i>

Franklin Pa

Mr Bond
37 James
Ct

Name in Full

Louis Montgomery

24.
CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <u>Camden</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death <u>1910</u>	Month <u>July</u>	Day <u>31</u>	Age <u>9</u> Years	Months <u>7</u>	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Allegheny Md</u>			
Occupation <u>Student</u>	Where Residing if not at place of death <u>Fredrick St.</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>George E Montgomery</u>	Father's Birthplace <u>W Va</u>				
Mother's Maiden Name <u>Emma Anderson</u>	Mother's Birthplace <u>Illinois</u>				
Name of person giving Information <u>Emma Montgomery</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary <u>Drowning</u>	How long <u>169</u>
Immediate <u>Suffocation</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature <u>Franklin Beall, Coroner,</u>
<u>Steen</u>	Address <u>Cumbersland, Md -</u>
Accident or Suicide? <u>Accident</u>	<u>corner.</u>

2-30-

31

Keyer
Quasby

Name
In Full

Rose Mary Mullaney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Mid Saraga</i>		^{County} <i>Allegheny</i>		MARYLAND	
Date of death	19/0	Month	<i>July</i>	Day	<i>31</i>
Age	<i>8</i>	Years	<i>3</i>	Months	<i>17</i>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Iowa</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Henry Mullaney</i>			Father's Birthplace	<i>Iowa</i>
Mother's Maiden Name	<i>Loretta Malloy</i>			Mother's Birthplace	<i>Iowa</i>
Name of person giving information	<i>Henry Mullaney</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>1 week</i>
Immediate	<i>Acute nephritis</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>F. Alan G. Murray M.D.</i>
		Address	<i>Mid Saraga</i>
Accident or Suicide?			<i>No</i>



Name
in
Full

Hennis Nolan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

g

Died at Lonacongo ^{Town} Alleghany ^{County} **MARYLAND**

Date of death 1910 July ^{Month} 20 ^{Day} Age 40 ^{Years} — ^{Months} — ^{Days}

Sex Male Color or Race White Birth-place Lonacongo

Occupation Invalid Where Residing if at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Peter Nolan Father's Birthplace Ireland

Mother's Maiden Name Johanna Collins Mother's Birthplace W. Va

Name of person giving Information Mrs. Peter Nolan How related to deceased Sister

CAUSES OF DEATH

Primary Melanubolia 14 How long 15 years

Immediate Dysentery How long 1 day

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Henry M. Hodgson

Address Lonacongo,

Accident or Suicide No Ind.

PHYSICIAN
OR CORONER

l



Name
in
Full

Emma Alice Paul

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Int. Sarray</i> Town		<i>Allyey</i> County		MARYLAND	
Date of death	19 <i>10</i> Month	<i>July</i> Day	<i>26</i> Age	<i>5</i> Months	Days
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>John Paul</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Mary Elizabeth Hamilton</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>Mary Paul</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

177 B

PHYSICIAN
OR CORONER

Primary	<i>Tremor</i>	How long	<i>all life</i>
Immediate	<i>Heart exhaustion</i>	How long	<i>several hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>F. Alan E. Humphreys</i>
		Address	<i>Int. Sarray Ind</i>
Accident or Suicide?			



Name
in
Full

Marion Peterman

20
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at **Cumberland,** ^{Town} **Allegany** ^{County} **MARYLAND**

Date of death **1910** Month **July** Day **27** Age **7** Years **19** Months **7** Days **19**

Sex **Female** Color or Race **White** Birth-place **Cumberland**

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed **—** Name of Wife or Husband _____

Father's Name **G. C. Peterman** Father's Birthplace **Cumberland**

Mother's Maiden Name **Lulu May Davidson** Mother's Birthplace **Cumberland**

Name of person giving information **G. C. Peterman** How related to deceased **Father**

CAUSES OF DEATH

021
How long **several weeks**
How long _____

PHYSICIAN
OR CORONER

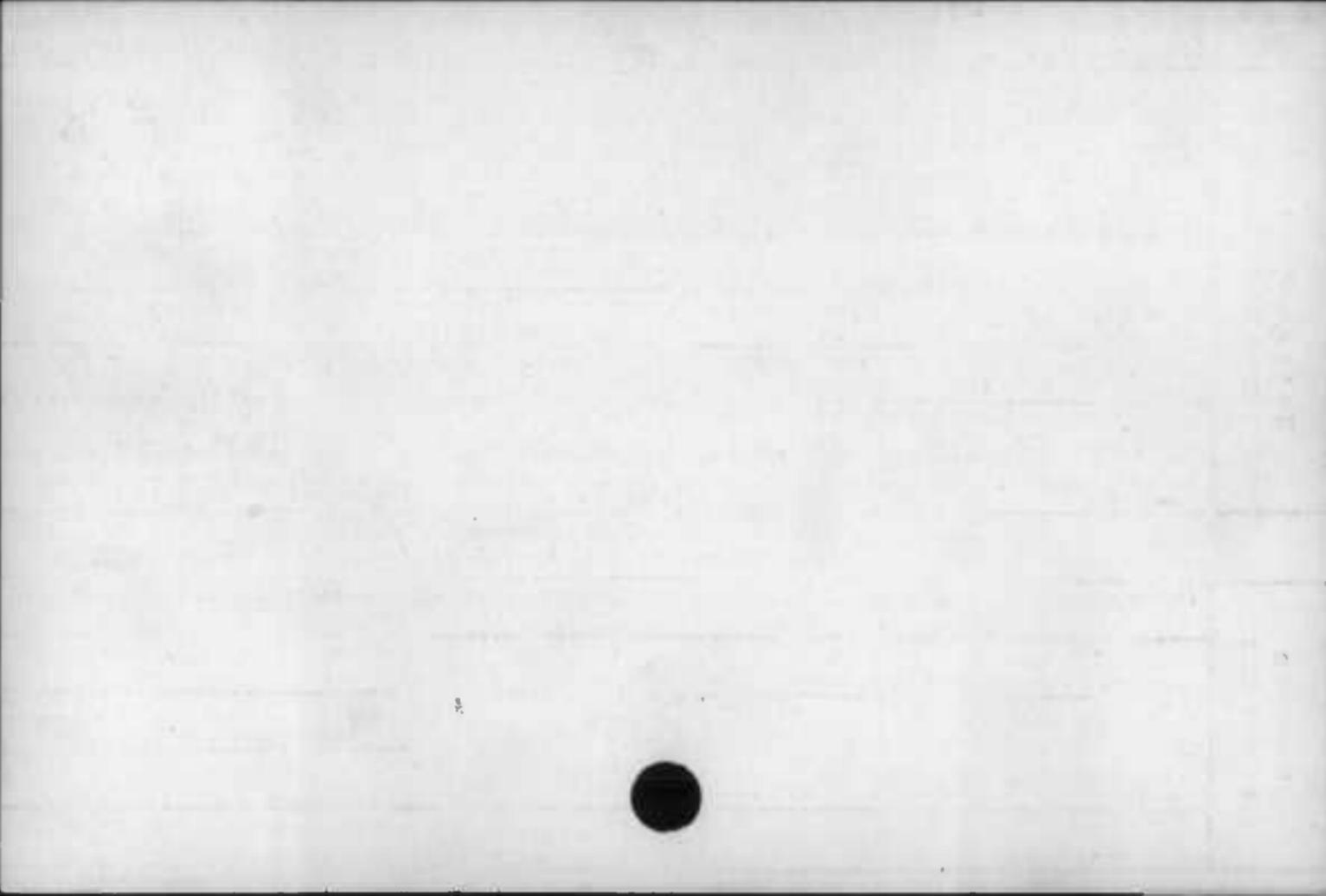
Primary **Cholera Infantum**

Immediate **Exhaustion**

Are the name, age, sex, color, date and place correctly given above? **Yes.**

Signature of Physician **[Signature]**
Address **Cumberland**

Accident or Suicide? **—**



Name
In Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

May Virginia Peterman

MARYLAND

Died at ^{Town} *Baltimore* ^{County} *Alle*Date of death *1910* Month *July* Day *27* Age *-* Years *-* Months *7* Days *20*Sex *Female* Color or Race *White* Birth-place *md*Occupation *none* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *George C Peterman* Father's Birthplace *md*Mother's Maiden Name *Lida May Davidson* Mother's Birthplace *md*Name of person giving information *George C Peterman* How related to deceased *Father*

CAUSES OF DEATH

Primary *Cholera Infantum* *(104)* How long *Several weeks*Immediate *Exhaustion*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Francis A. Wainwright, M.D.*Address *Board of Health, Court, Md.**Wilson*Accident or Suicide? *no.*PHYSICIAN
OR CORONER



Name
in
Full

Viola May Reed

3.
CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Cumberland alleryany

Date of death 1910 7 14 Age 10 Months 10 Days

Sex Female Color or Race White Birth-place md

Occupation Nurse Where Residing if not at place of death Cumberland

Married, Single or Widowed Single Name of Wife or Husband none

Father's Name William Reed Father's Birthplace Va

Mother's Maiden Name Annis G. Cadwallader Mother's Birthplace md

Name of person giving in formation ~~father~~ William Reed How related to deceased Father

CAUSES OF DEATH

Primary Enteritis How long 10 days

Immediate

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician W. W. Wiley

Address Cumberland md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Removal to Linnæus. 7/15/10
J. C. Wilson Meddler

Name in Full		George Renschel					CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	P. Cumberland			County		MARYLAND	
	Date of death	1910	Month	July	Day	7	Age	Years - Months 4 - Days -
	Sex	male		Color or Race	White		Birth-place	Cumberland
	Occupation	-			Where residing if not at place of death		-	
	Married, Single or Widowed	Single		Name of Wife or Husband		None		
	Father's Name	George Renschel				Father's Birthplace	Germany	
	Mother's Maiden Name	Louisa Heath				Mother's Birthplace	Germany	
Name of person giving information	George Renschel				How related to deceased	Father		
CAUSES OF DEATH					(104)			
PHYSICIAN OR CORONER	Primary	Cholera infantum				How long	2 1/2 hours	
	Immediate	Collapse				How long	2 hours	
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	J. L. Baskdale	
		Stein				Address	P. Cumberland	
	Accident or Suicide?				(CH 12)			
				md				



Name
in Full

James Rice

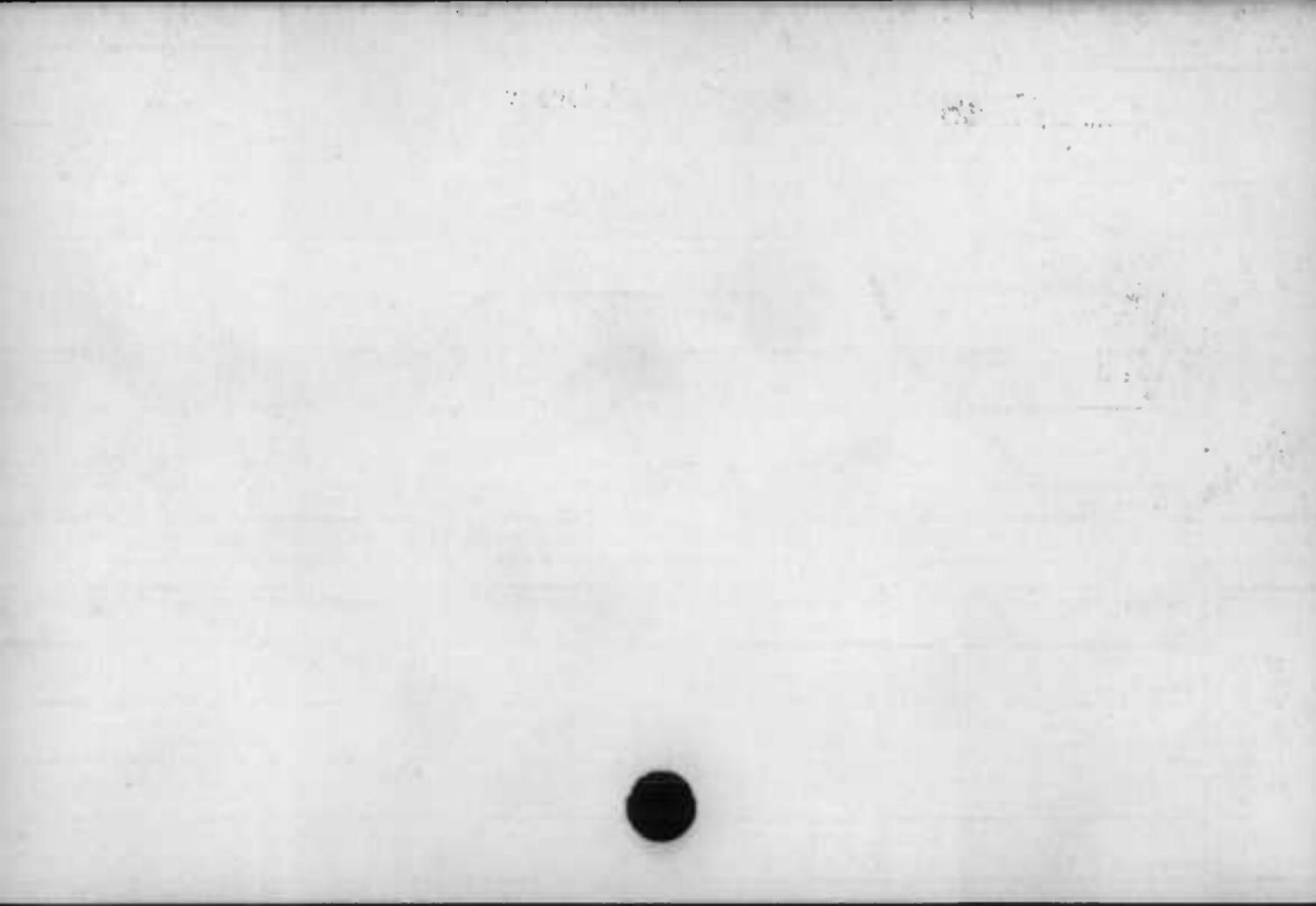
23
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u> Town			County <u>Allegheny</u>			MARYLAND		
Date of death	1910	Month <u>July</u>	Day <u>29</u>	Age	Years <u>—</u>	Months <u>3 Weeks</u>	Days <u>—</u>	
Sex	<u>male</u>		Color or Race	<u>White</u>		Birth-place	<u>Cambridge</u>	
Occupation	<u>none</u>			Where Residing if not at place of death				
Married, Single or Widowed	<u>—</u>		Name of Wife or Husband <u>—</u>					
Father's Name	<u>Do not know</u>					Father's Birthplace	<u>Do not know</u>	
Mother's Maiden Name	<u>Alice Rice</u>					Mother's Birthplace	<u>Cambridge</u>	
Name of person giving information	<u>George S Rice</u>					How related to deceased	<u>Son's father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Enterocolitis</u>	How long	<u>1 Week</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Chas. W. Koon</u>
	<u>Sutton</u>	Address	<u>Scrubentown Pa</u>
Accident or Suicide?			<u>Koon</u>



Name
in
Full

Baby Ricker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

9

Died at <u>Louisa</u> Town <u>Allegany</u> County		MARYLAND	
Date of death 19 <u>00</u> <u>July</u> <u>22</u>	Age <u>2 2</u>	Months <u>1</u>	Days <u>7</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Louisa</u>	
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>John Mansfield</u>	Father's Birthplace <u>Allegany Co</u>		
Mother's Maiden Name <u>Adelaide Ricker</u>	Mother's Birthplace <u>Louisa</u>		
Name of person giving Information <u>Kate Mills</u>	How related to decedent <u>—</u>		

CAUSES OF DEATH

Primary <u>Marasmus</u>	How long <u>(189 d)</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Henry M. Hodges</u>
Address <u>Louisa, Md</u>	
Accident or Suicide <u>No</u>	

PHYSICIAN
OR CORONER



Name
in
Full

- Roach

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

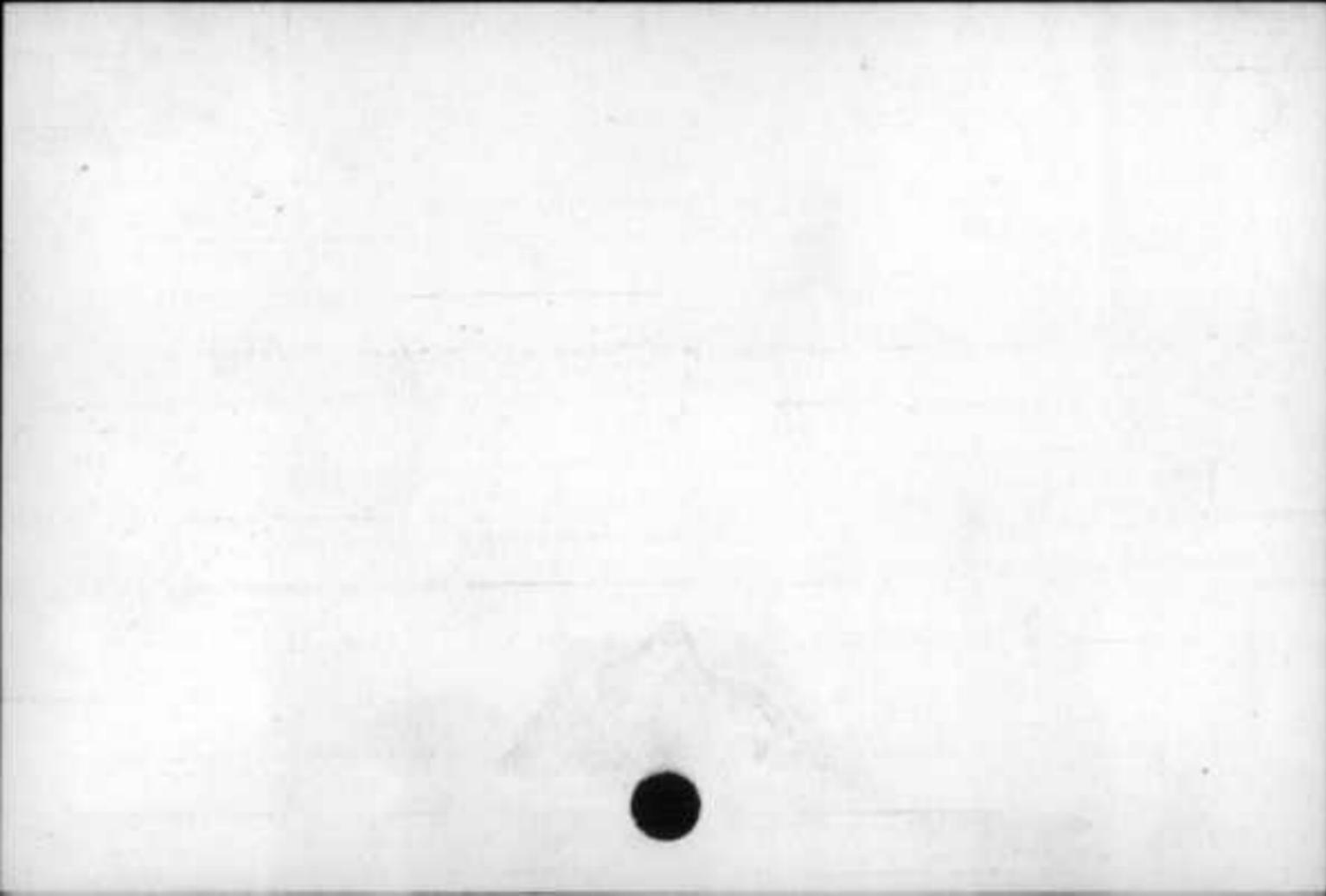
Died at		Town Cumberland		County Allegany		MARYLAND	
Date of death	1940	Month July	Day 12	Age —	Years —	Months —	Days 5 hrs
Sex	male		Color or Race	white		Birth-place	Cumberland Md
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	—		Name of Wife or Husband —				
Father's Name	David Roach					Father's Birthplace	Va Va
Mother's Maiden Name	Eliza Suter					Mother's Birthplace	Pa
Name of person giving information	Eliza Roach					How related to deceased	Mother

CAUSES OF DEATH

15115

PHYSICIAN
OR CORONER

Primary	apoplexia hemorrhagica	How long	1 hr
Immediate	Exhaustion	How long	4 hrs
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	C. R. Stevens M.D.
		Address	Cumberland Md
Accident or Suicide?	no		



Name
in
Full

Rosemary Rosso.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cumberland ^{Town} Allegheny ^{County} **MARYLAND**

Date of death **1900** ^{Month} July ^{Day} 22 ^{Years} **Age** 47 ^{Months} 10 ^{Days} 11

Sex Female Color or Race white Birth-place Cresaptown Md.

Occupation None Where Residing if not at place of death Rockwood, Tenn.

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Mrs. Joseph Rosso Father's Birthplace France

Mother's Maiden Name Miss Annie Rider Mother's Birthplace Missyloonia

Name of person giving Information Mrs. Annie Burkett How related to deceased mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Appendicitis How long 108 1 Week.

Immediate Septic Peritonitis How long 5 days

Are the name, age, sex, color, date and place correctly given above? yes. Signature of Physician F. L. Barstoll

None Address Cresaptown Md. Cumberland Md.

Accident or Suicide



Name
in
Full

Thomas F. Rowan

CERTIFICATE OF DEATH

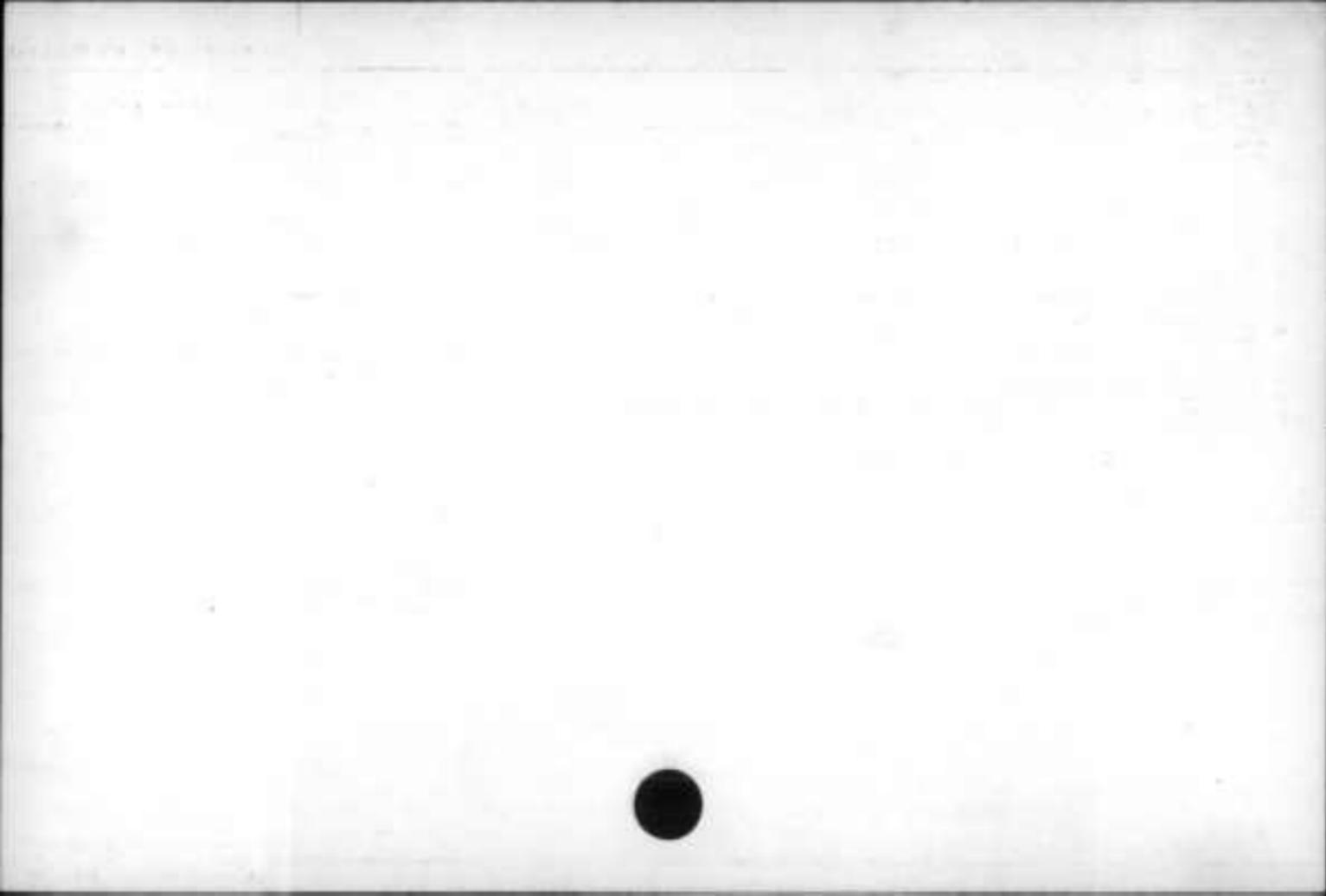
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Somacoring</i> Town		<i>Alleghany</i> County		MARYLAND	
Date of death	1910 July	Day	29	Age	69
Sex	male	Color or Race	White	Birth-place	Ireland
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Widowed		Name of Wife or Husband		
Father's Name	Hugh Rowan		Father's Birthplace	Ireland	
Mother's Maiden Name	Sarah McCarty		Mother's Birthplace	Ireland	
Name of person giving Information	Mrs. Patrick Mansfield		How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>2 years</i>
Immediate	<i>Broncho Pneumonia</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. G. Bellows, M.D.</i>
Accident or Suicide	<i>No</i>	Address	<i>Somacoring Md.</i>



Name
in
Full27.
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chamberland</i>		County <i>Alleg</i>		MARYLAND	
Date of death	Month <i>July</i>	Day <i>31</i>	Age	Years <i>1</i>	Days <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Kore</i>				
Father's Name <i>Geo Ruffert</i>	Father's Birthplace <i>Md</i>		Mother's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Gulba Gardner</i>	Name of person giving information <i>Geo Ruffert</i>		How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Menigitis</i>	How long <i>2 Weeks</i>
Immediate <i>Exhaustion</i>	How long <i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>B. M. Jones</i>
<i>Stew</i>	Address <i>Quincy, Md.</i>
Accident or Suicide?	

11



Name
in Full21
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at James Ryland		Town Embuda		County Alle		STATE OF MARYLAND	
Date of death 1910	Month July	Day 27	Age 0	Years 0	Months 3	Days 2	
Sex Male	Color or Race White		Birth-place Ind				
Occupation none	Where residing if not at place of death —						
Married, Single or Widowed Single	Name of Wife or Husband —						
Father's Name James Ryland	Father's Birthplace Scotland						
Mother's Maiden Name May Papworth	Mother's Birthplace England						
Name of person giving information James Ryland	How related to deceased Father						

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary Enterocolitis	104	How long 1 week
	Immediate exhaustion		How long 3 days
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. H. Braae	
		Address Embuda Ind	
	Accident or Suicide? no	Braae Ind	





Name
In Full

Joseph Richard Sell.

CERTIFICATE OF DEATH ¹⁶TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cumberland</u> <small>Town</small>		<u>Alleghany</u> <small>County</small>		MARYLAND	
Date of death <u>1910</u>	Month <u>July</u>	Day <u>24</u>	Age <u>—</u>	Years <u>—</u>	Months <u>3</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Cumt'd</u>		Occupation <u>none</u>	
Where Reading if not at place of death <u>—</u>		Married, Single or Widowed <u>—</u>			
Name of Wife or Husband <u>—</u>		Father's Name <u>Wm Joseph Sell</u>		Father's Birthplace <u>Cumt'd</u>	
Mother's Maiden Name <u>Benelia C Goelmer</u>		Mother's Birthplace <u>Cumt'd</u>		How related to deceased <u>Father</u>	
Name of person giving information <u>Wm Joseph Sell</u>					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Enterocolitis</u>	How long	<u>104</u>
	Immediate	<u>Exhaustion</u>	How long	<u>3 days</u>
	Are the name, age, sex, color, date and place correctly given above?	<u>yes.</u>	Signature of Physician	<u>D. H. Brauer</u>
	Address	<u>Stem.</u>	<u>Alleghany</u>	
Accident or Suicide?	<u>No</u>			



Name
Is Full

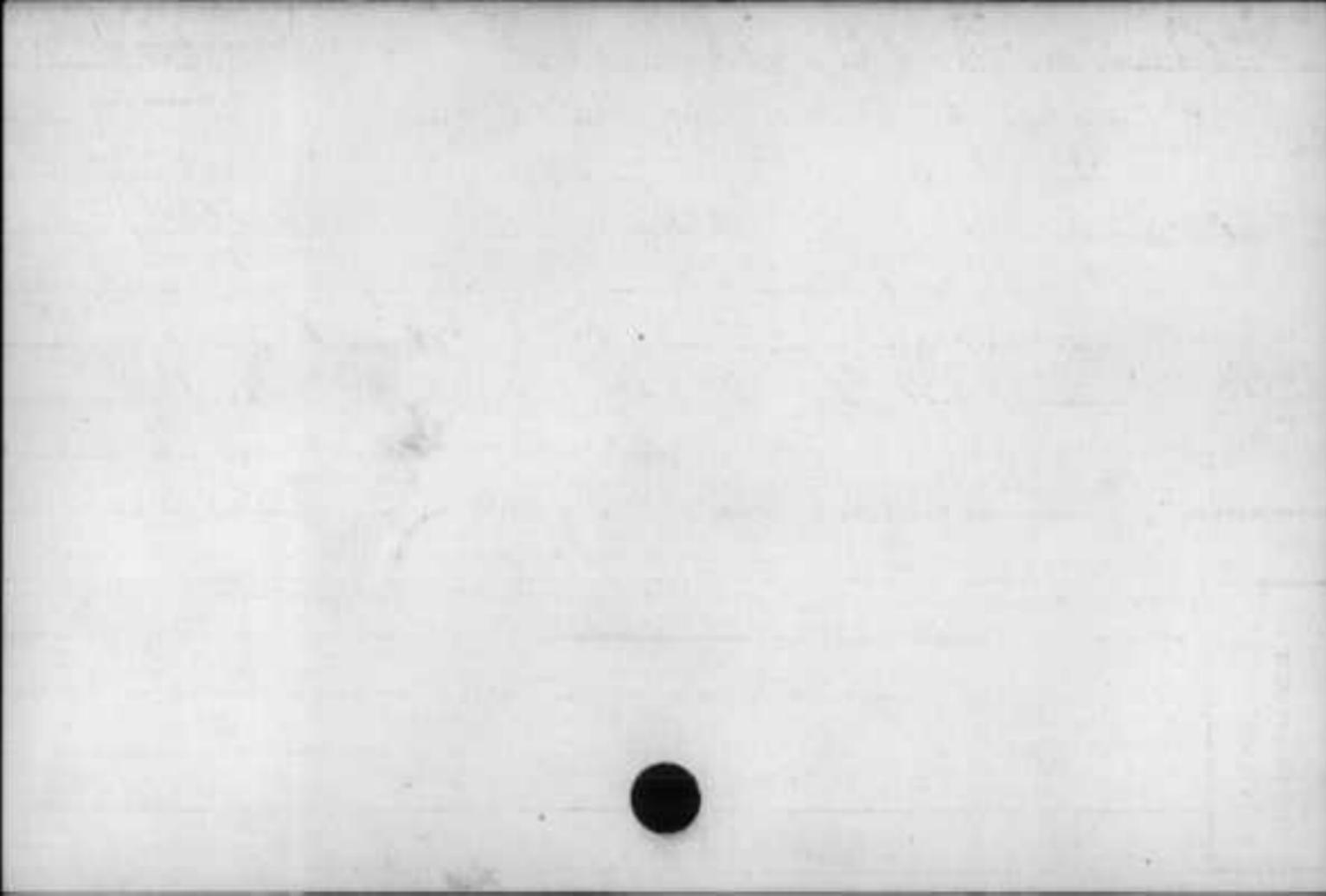
Anna Bell Shunk

4
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town		County <i>Alley</i>		State <i>MARYLAND</i>	
Date of death <i>1910</i>	Month <i>July</i>	Day <i>14</i>	Age <i>28</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>md</i>				
Occupation <i>Housekeeper</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Robert M Shunk</i>						
Father's Name <i>James G Mathews</i>	Father's Birthplace <i>md</i>						
Mother's Maiden Name <i>Elizabeth R Cookus</i>	Mother's Birthplace <i>West Va</i>						
Name of person giving information <i>Robert M Shunk</i>	How related to decedent <i>Husband</i>						

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>	How long <i>20 days</i>	Signature of Physician <i>J. M. Mathews</i>	
	Immediate <i>Heart failure</i>	How long <i>two days</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Address <i>Cumberland</i>		
	Accident or Suicide? <i>No</i>	<i>J. J. Wilson md</i>		



Name
in Full

Bertha May Simpson

CERTIFICATE OF DEATH

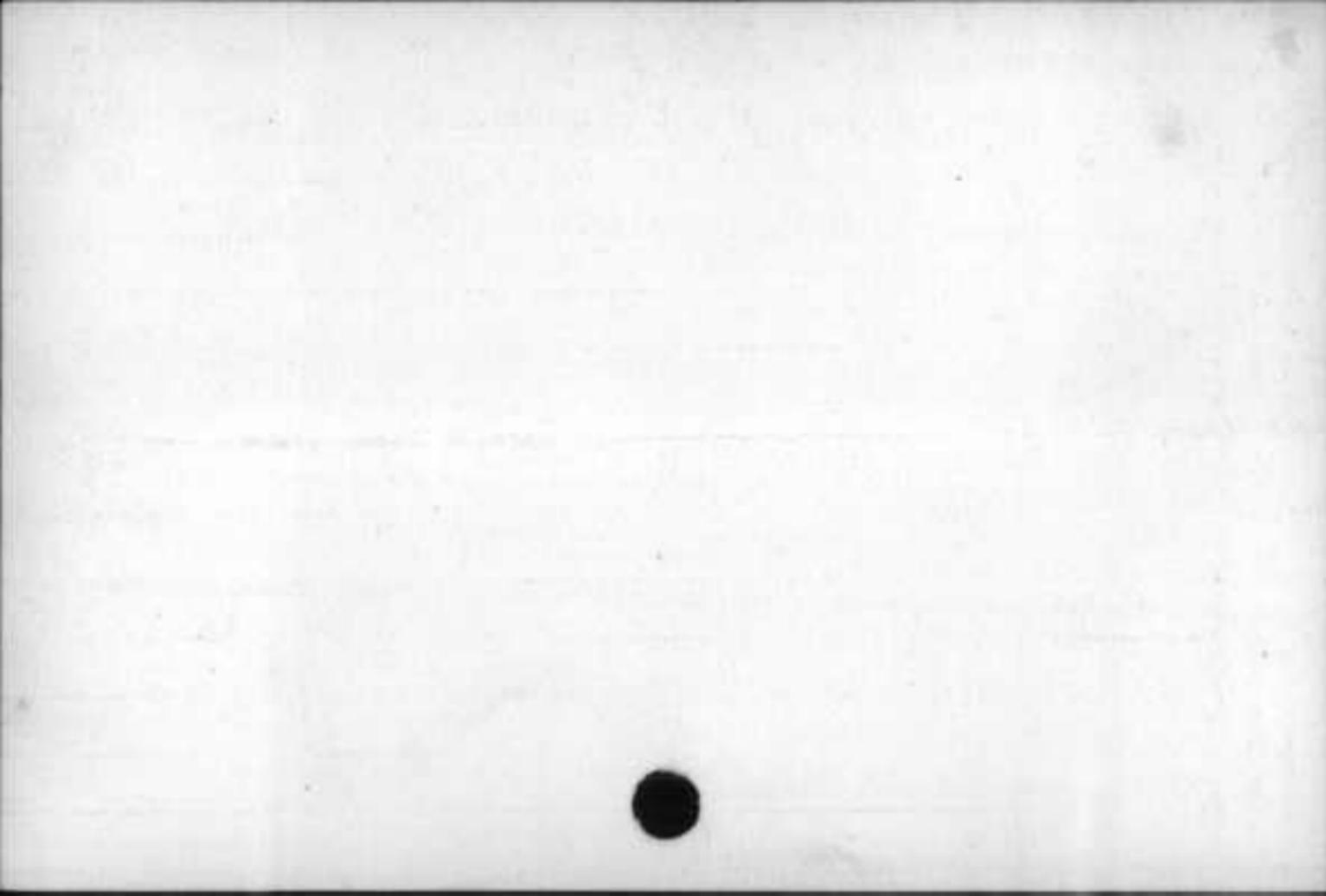
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Barton		County Alleghany		MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days	
1910	July	12	—	—	9	9	
Sex	Color or Race		Birth-place				
Female	White		Barton, Md.				
Occupation			Where Residing if not at place of death				
None			Barton				
Married, Single or Widowed		Name of Wife or Husband					
—		—					
Father's Name				Father's Birthplace			
Wm Anderson				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Maude Simpson				Winchester, W. Va.			
Name of person giving information				How related to deceased			
Walter M. Doman				Cousin			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis.	How long	84	About 3 weeks.
Immediate	Bronchial Pneumonia.	How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
yes.		J. H. Gann, M.D.		
		Address		
		Barton, Md.		
Accident or Suicide?				



Name
in
Full

Ann Muir Sloan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lonaconing Allegany County MARYLAND
 Date of death 1940 July 31 Month 31 Day 88 Age 8 Months 8 Days
 Sex Female Color or Race White Birth-place Scotland
 Occupation None When Residing if not at place of death
 Married, Single or Widowed widowed Name of Husband Matthew R. Sloan (deceased)
 Father's Name James Muir Father's Birthplace Scotland
 Mother's Maiden Name Margaret Kerr Mother's Birthplace Scotland
 Name of person giving Information James M. Sloan How related to deceased Son

CAUSES OF DEATH

Primary Acute Bronchitis How long 89 one week
 Immediate Pulmonary Edema How long 3 days
 Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician W. Q. Skelton M.D.
 Address Lonaconing
 Accident or Suicide no

PHYSICIAN
OR CORNER



Name
in
Full

A. L. Smith

CERTIFICATE OF DEATH

Died at <u>Frostburg</u> <small>Town</small>		<u>Allegheny</u> <small>County</small>		MARYLAND	
Date of death <u>1960</u>	<u>July</u> <small>Month</small>	<u>13</u> <small>Day</small>	Age <u>24</u> <small>Years</small>	<u>0</u> <small>Months</small>	<u>0</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ravenna, Ohio.</u>			
Occupation <u>Civil Engineer</u>	Where Residing if not at place of death <u>Ravenna, Ohio.</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Unmarried</u>				
Father's Name <u>Henry F. Smith</u>	Father's Birthplace <u>Ravenna, Ohio.</u>				
Mother's Maiden Name <u>Mary Ketter</u>	Mother's Birthplace <u>Near Albany, Ind.</u>				
Name of person giving Information <u>Henry F. Smith</u>	How related to deceased <u>Father</u>				

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary <u>Explosion of Dynamite</u>	How long <u>Immediately</u>
Immediate <u>Exhaustion</u>	How long <u>Instantaneous</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Franklin B. Beall, General</u>
	Address <u>Cumberland, Md.</u>
Accident or Suicide <u>Accident</u>	

PHYSICIAN
OR CORONER

Hafer

Shipped to Ravenna

P.

Name
in
Full

Ethel Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Burbank ^{Town} Alle ^{County} MARYLAND

Date of death 1910 ^{Month} July ^{Day} 30 ^{Years} 20 ^{Month} — ^{Days} —

Sex Female Color or Race White Birth-place Oregon

Occupation Housekeeper Where Residing if not at place of death Allegany Hospital

Married, Single or Widowed Married Name of Wife or Husband Harry E Smith

Father's Name Jacob D Ambrose Father's Birthplace West Va

Mother's Maiden Name Franis Borman Mother's Birthplace Illi

Name of person giving information Harry E Smith How related to deceased Husband

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary Ca. Pleurisy Sect. How long 2 Days

Immediate Exhaustion How long 2 days

Are the name, age, sex, color, date and place correctly given above? Steve

Signature of Physician F. B. Burdick Address Burbank Md.

Accident or Suicide? —

Marbleburg West Va
#6 Tuesday

Name
in
Full

CERTIFICATE OF DEATH

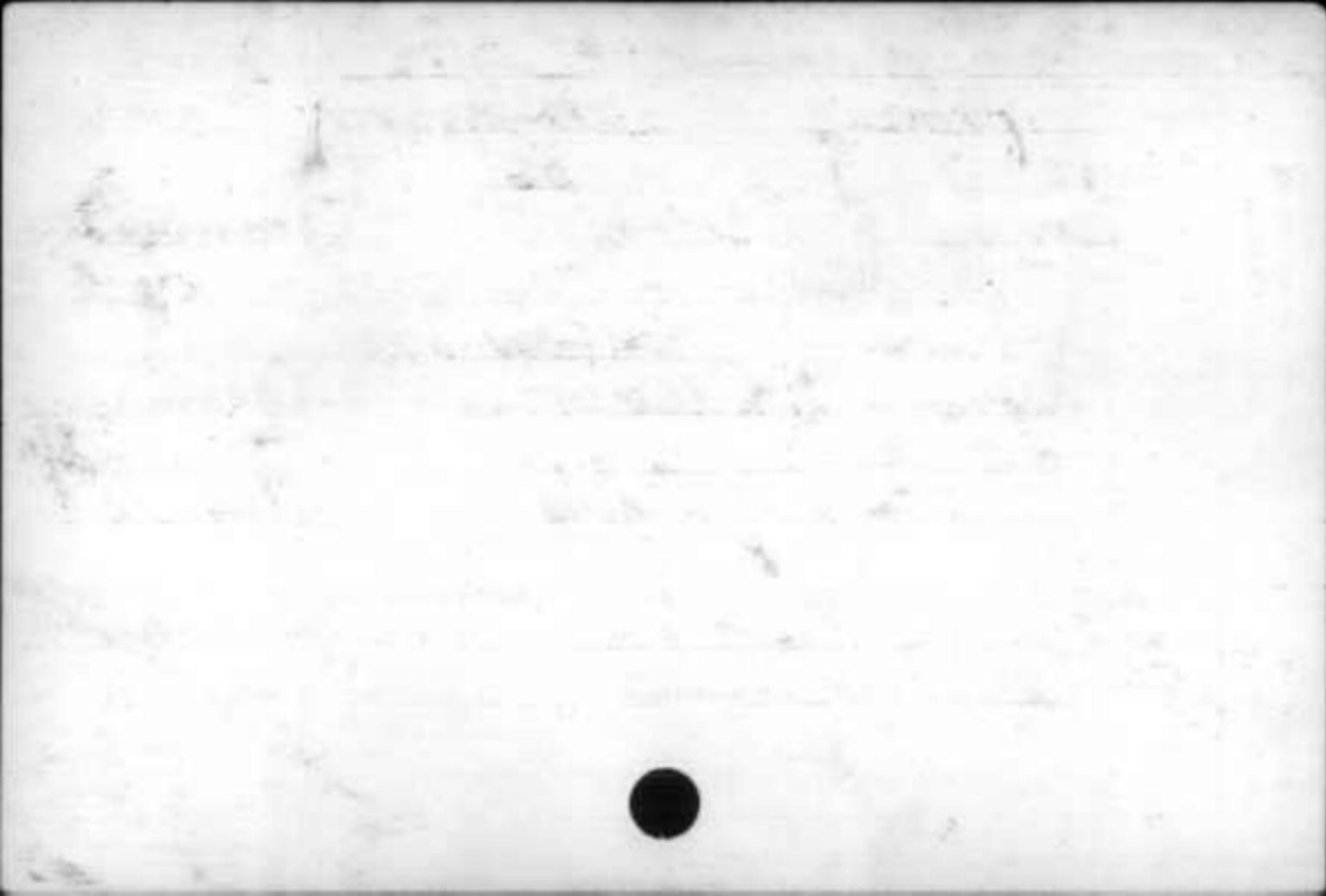
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frostburg</i> County <i>Allegheny</i> MARYLAND	
Date of death 19 <i>10</i> Month <i>7</i> Day <i>30</i> Age <i>66</i> Years Months <i>7</i> Days <i>6</i>	
Sex <i>male</i> Color or Race <i>white</i> Birthplace <i>Germany</i>	
Occupation <i>Miner</i> — Where Residing if not at place of death <i>Germany</i>	
Married, Single or Widowed <i>widowed</i> Name of Wife or Husband <i>Annie Farraday</i>	
Father's Name <i>Adam Smith</i> Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>John Smith's</i> Mother's Birthplace <i>Germany</i>	
Name of person giving information <i>John Smith's</i> How related to deceased <i>son</i>	

CAUSES OF DEATH

Primary <i>Phlebitis</i> How long <i>2 or 3 months</i>	
Immediate <i>Endocarditis</i> How long <i>Smoking</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Cober</i>
<i>no</i>	Address <i>Frostburg Md</i>
Accident or Suicide	

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

John Stawley's Child ✓

TO BE ANSWERED BY
NEAREST FRIEND

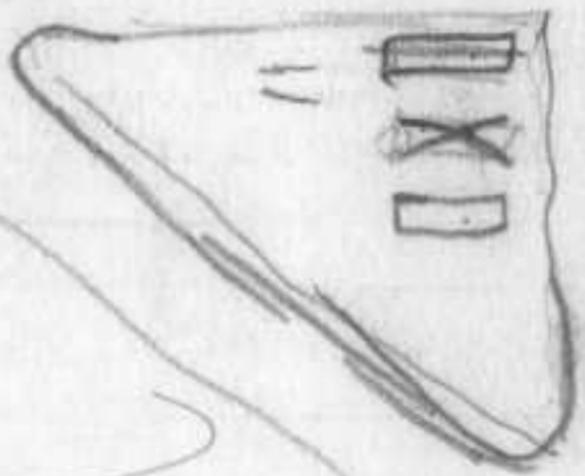
Died at Camden		County Wessex		STATE MARYLAND	
Date of death 19 10	Month 7	Day 24	Age —	Months —	Days —
Sex Male	Color or Race White		Birth-place Camden		
Occupation —			Where Residing if not at place of death —		
Married, Single as Widowed Single		Name of Wife or Husband —			
Father's Name John Stawley		Father's Birthplace Red Bank Pa			
Mother's Maiden Name Jennie Clark		Mother's Birthplace " " Pa			
Name of person giving information John Stawley		How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Obstruction Brist	How long 157 B
Immediate	How long —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Thos. N. Howard
	Address Camden
Accident or Suicide?	Yes

Roone



#6 St James St -

Name
in
Full

Sullivan

CERTIFICATE OF DEATH

MARYLAND

Died at

Chestertown

County

Allegany

Date
of death

1900

Month

7

Day

10

Age

Years

1

Months

Days

Sex

female

Color or
Race

W

Birth-
place

Md.

Occupation

Where Residing if not
at place of death~~Married~~, SingleName of Wife or
HusbandFather's
Name

1000 Sullivan

Father's
Birthplace

Md.

Mother's
Maiden Name

Coulson

Mother's
BirthplaceName of person giving
information

John Keller

How related
to deceased

not at all

CAUSES OF DEATH

Primary

Cholera Infantum

How long

10

Immediate

Cholera

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. M. Prier
Froeseburg

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

P. P. Hunt

Name
In Full

CERTIFICATE OF DEATH

Annie T. Smith

Town

County

Died at

Frank

Helen

MARYLAND

Date

1910

Month

July

Day

27

Age

Years

Months

Days

Sex

Boy

Color or Race

White

Birth-place

Frank, Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

Phospha Infarction

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full

Arcangelo Tarfino

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at <i>D. & O. Frail #6.</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death	<i>1910.</i>	Month <i>July</i>	Day <i>19th</i>	Age <i>19</i>	Years	Months	Days
Sex	<i>Male</i>		Color or Race	<i>Italian</i>		Birth-place	<i>Provincia Perugia</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death		<i>town of Scandriglia</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Enrico Tarfino</i>					Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information	<i>Louis Siansanti</i>					How related to deceased	<i>Nous</i>

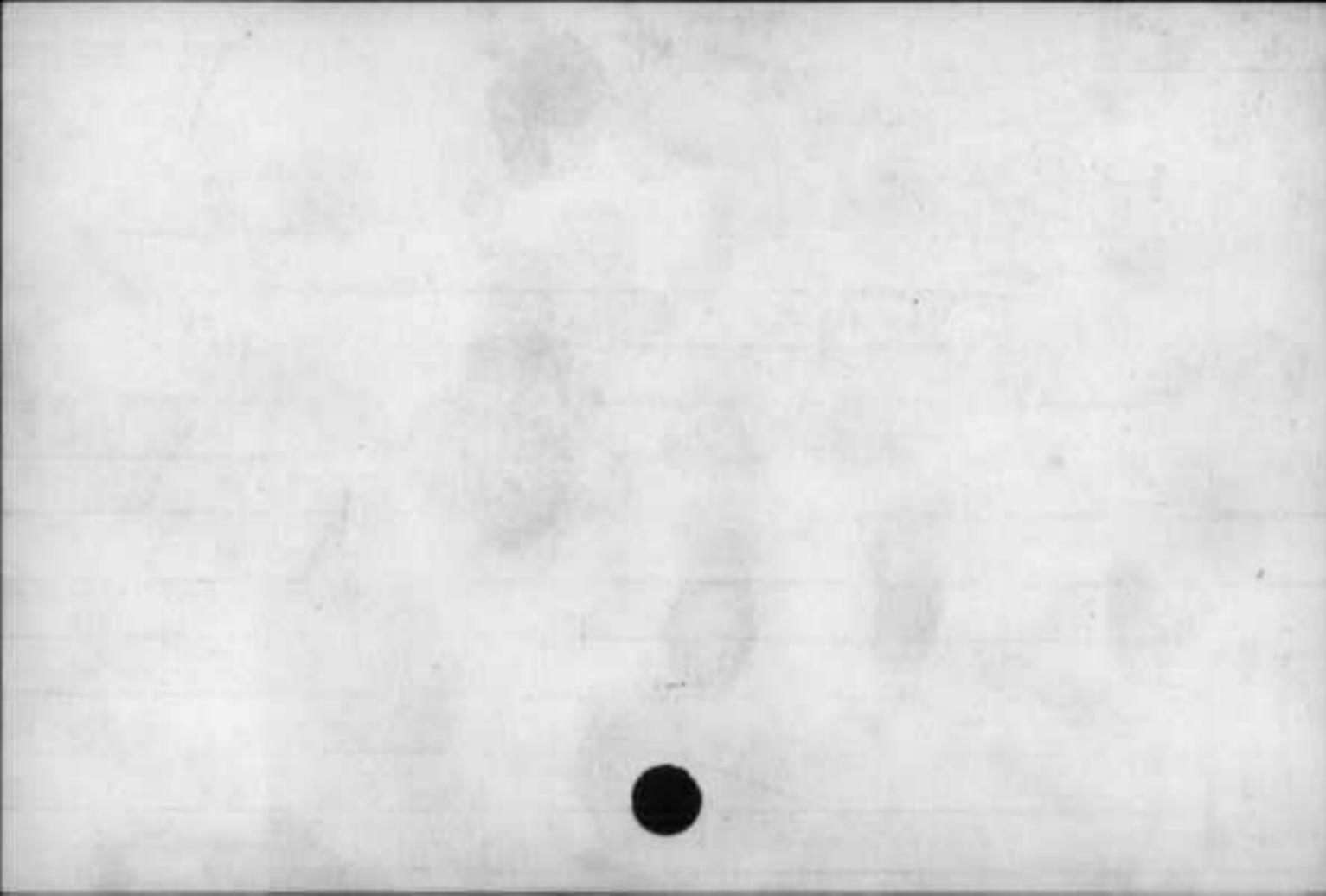
✓

CAUSES OF DEATH

186

PHYSICIAN OR CORONER

Primary	<i>Struck by big rolling stone</i>	How long	
Immediate	<i>Exhaustion</i>	How long	<i>two hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Franklin B. Beall</i>
		Address	<i>Cumbrland, Md.</i>
Accident or Suicide?	<i>Accident</i>		<i>J. B. Welford</i>



Name
in
Full

Mary Ann Tiguer

28

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

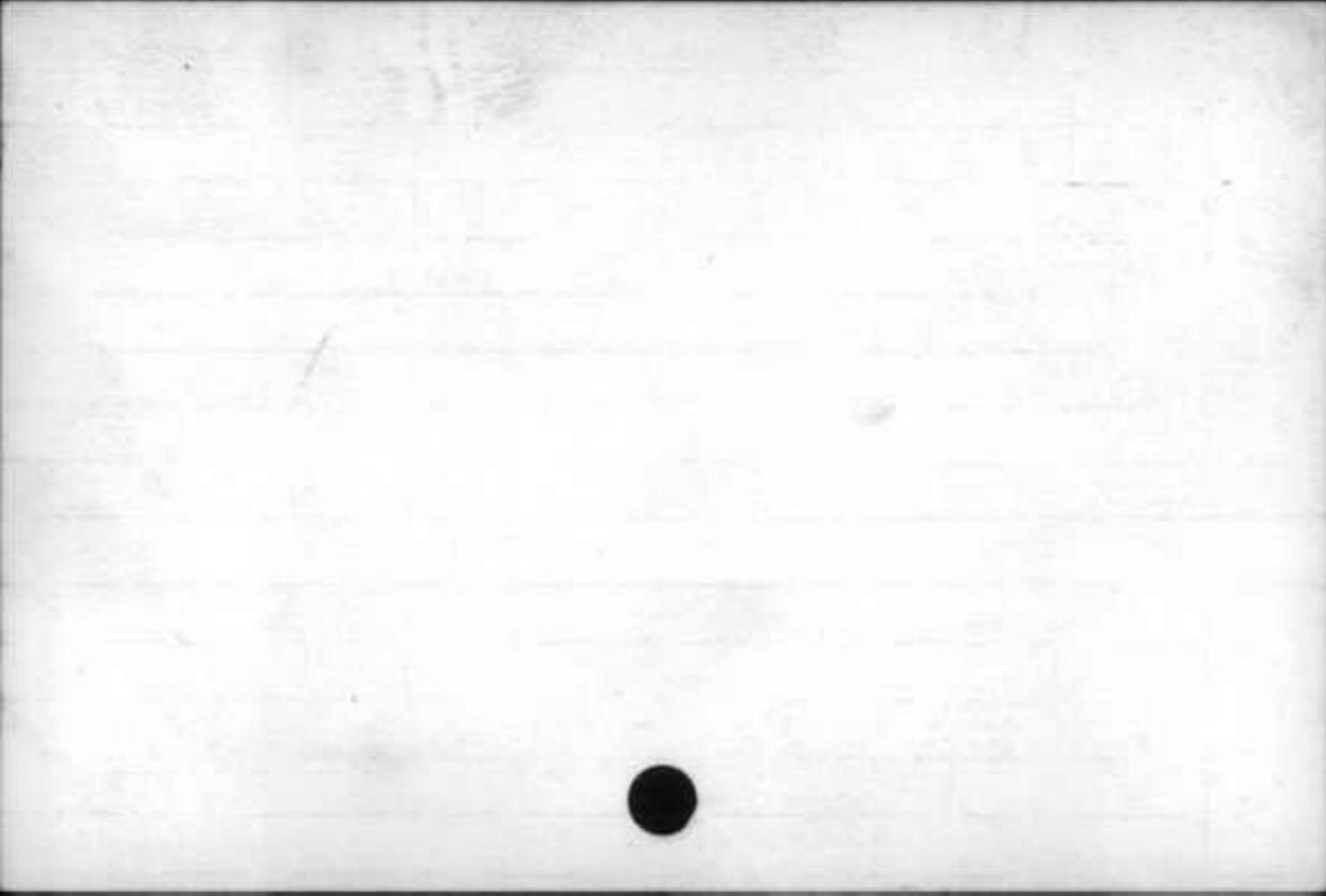
Died at ^{Town} Cumberland		^{County} Alleg		MARYLAND	
Date of death: 10	Month: July	Day: 31	Age: 53	Months:	Days:
Sex: Female	Color or Race: White	Birth-place: Kentucky			
Married, Single or Widowed: Widowed	Occupation: Housekeeper				
Name of Wife or Husband: Graft Tiguer Ross					
Father's Name: Peter Tiguer	Father's Birthplace: Ireland				
Mother's Maiden Name: Anna McEliff	Mother's Birthplace: Ireland				
Name of person giving information: Robert Ross	How related to deceased: Son				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary: Chronic nephritis	How long: One year -
Immediate: Exhaustion	How long: 2 yrs.
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician: W. B. McDonald
Address: Steiner	Address: Cumberland
Accident or Suicide?	W. B.



Name
In Full

William Francis Swigg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

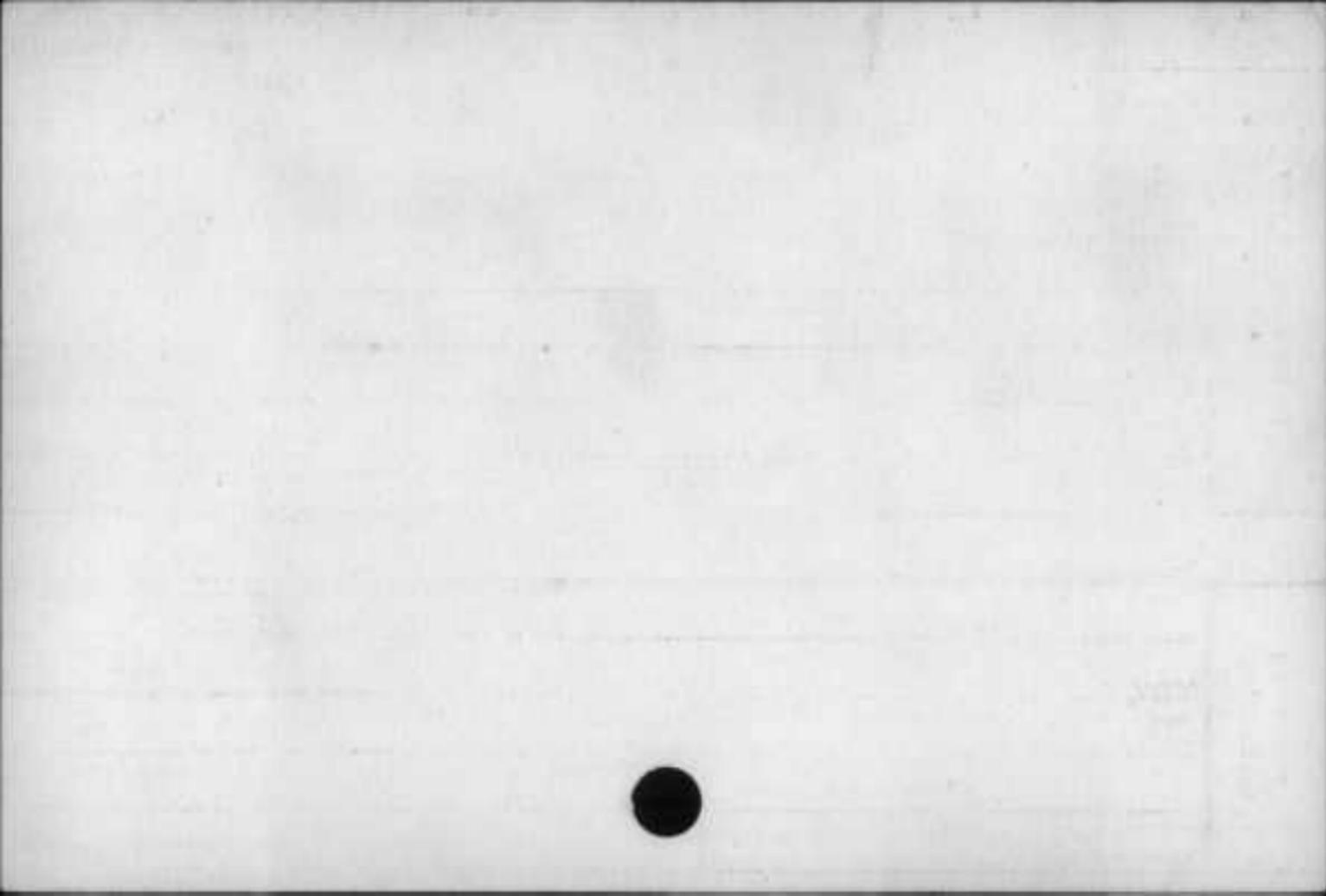
Died at <u>Cumberland</u> <u>Maryland</u>		County		MAYLAND	
Date of death	1910	Month	July	Day	10
Age	32	Year		Months	
Sex	Male	Color or Race	White	Birth-place	Cumberland
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Jerry M Swigg	Father's Birthplace		Md	
Mother's Maiden Name	Mildred Cunningham	Mother's Birthplace		Md	
Name of person giving information	Jerry M Swigg	How related to deceased		Father	

CAUSES OF DEATH

60

PHYSICIAN
OR CORONER

Primary	Influenza	How long	2 weeks
Immediate	Exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. F. Swigg
		Address	Cumberland, Md
Accident or Suicide			



Name
in
Full

Mary Walsh

5
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

♀

Died at <u>Chamberland</u> <u>Allegheny</u> County		MARYLAND	
Date of death Day Month Year	Age		Months Days
<u>10</u> <u>July</u> <u>16</u> <u>69</u>	<u>69</u>		<u>—</u> <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Hagerstown</u>	
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Lonaconing</u>		
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>X</u>		
Father's Name <u>John Reynolds</u>	Father's Birthplace <u>Ireland</u>		
Mother Maiden Name <u>Honora Gaughan</u>	Mother Birthplace <u>Ireland</u>		
Name of person giving information <u>John T Walsh</u>	How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>—————</u>	How long	<u>—————</u>
Immediate	<u>Cerebral Anemia</u>	How long	<u>Immediately</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>A. N. Hawkins</u>
		Address	<u>Chamberland</u> <u>Md.</u>
Accident or Suicide?	<u>X</u>		



Name
in
Full

Mrs Alice Harwick. CoF

13
CERTIFICATE OF DEATHDied at Cumberland, Md. Allegany County MARYLANDDate of death 1907 Month 7 Day 15 Age 30 Years Months — Day —Sex Female Color or Race Black Birth-place Unknown
Occupation Unknown Where Residing if not at place of death BaltimoreMarried, Single or Widowed " Name of Wife or Husband UnknownFather's Name Unknown Father's Birthplace UnknownMother's Maiden Name " Mother's Birthplace "Name of person giving Information G. J. Butcher How related to deceased Nephew

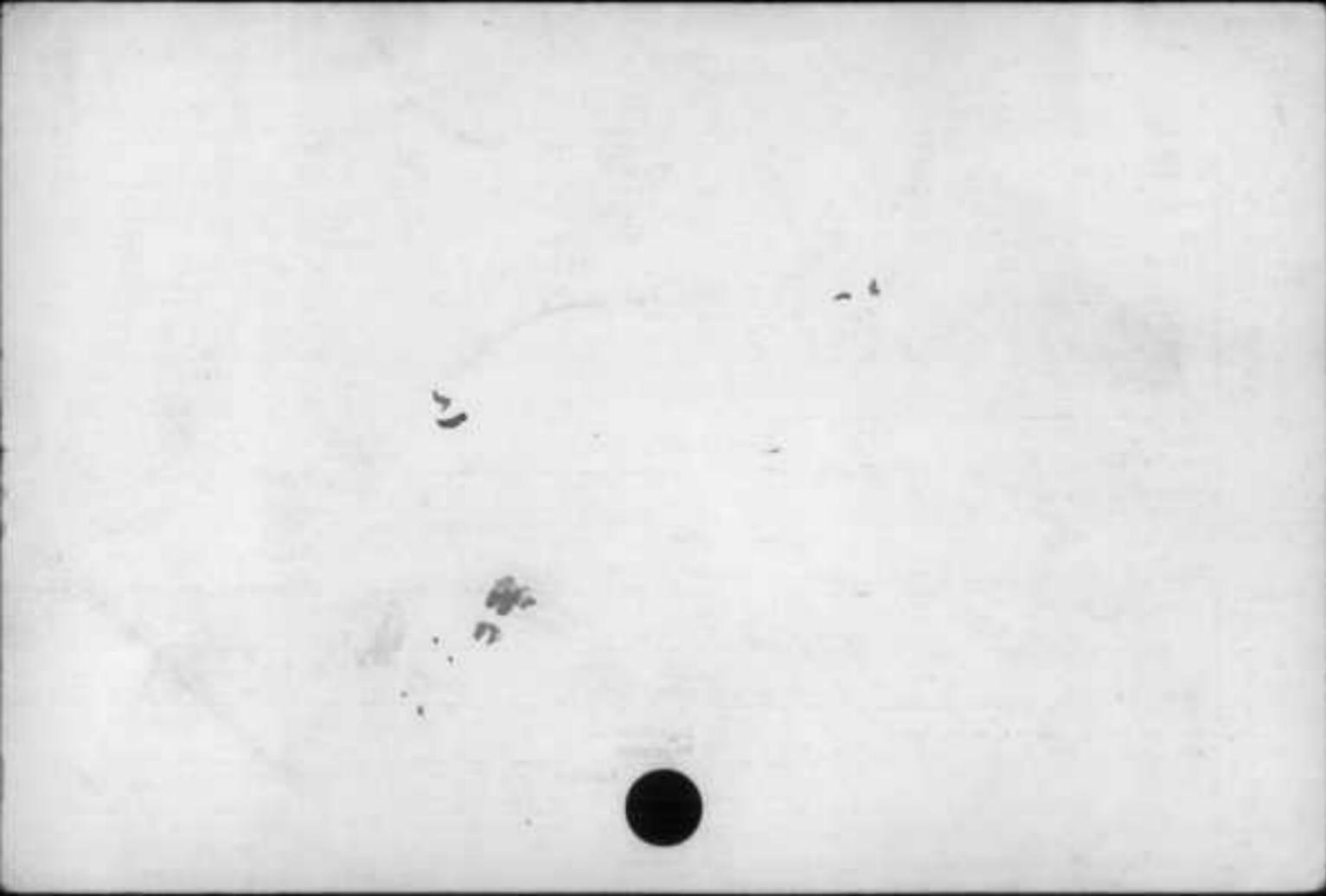
CAUSES OF DEATH

Primary Pulmonary Tuberculosis How long Don't knowImmediate Pneumonia How long 1 weekAre the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. R. HodgesAddress Cumberland, Md.

Accident or Suicide

TO BE ANSWERED BY

PHYSICIAN
OR CORONER



Name
in
Full

Edward Eva Wilkinson

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Somersuing Allegany

Date

Month

Day

Years

Months

Days

of death

1910

July

16

Age

1

9

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Parker Wilkinson

Father's
Birthplace

England

Mother's
Maiden Name

Bessie Eilbeck

Mother's
Birthplace

Pekin, Md.

Name of person giving
information

Parker Wilkinson

How related
to deceased

Father

CAUSES OF DEATH

Primary

Capillary Bronchitis

How long

Two weeks

Immediate

Cardiac Failure

How long

Two hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

E. Q. Skilling, M.D.
Somersuing

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Walter Wilson

County

MARYLAND

Died at *Emberland Alleyway*

Date of death 190

Month

Years

Months

Days

Sex *Male*

Color or Race

Colored

Birth-place

Occupation

Where Residing if not at place of death

#6 Pass Pass Alley

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Unknown

Father's Birthplace

Unknown

Mother's Maiden Name

Louisa Wilson

Mother's Birthplace

Northway, W. Va.

Name of person giving information

John Wilson

How related to deceased

Father

CAUSES OF DEATH

Primary

Rickets

36

How long

6 mos.

Immediate

Exhaustion

How long

1 mos.

Are the name, age, sex, color, data and place correctly given above?

yes

Signature of Physician

Shurgeon Shamb

Address

104 W. Mechanic

Accident or Suicide

no

PHYSICIAN OR CORONER

Barth

Name
in
Full

Andy Zurodady Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at MT Savage ^{Town} County Allegheny MARYLANDDate of death 1990 Month 7 Day 25 Age 4 Years Months 4 Days 21Sex Male Color or Race White, Hungarian Birth-place MT Savage

Occupation _____

Where Residing if not
at place of death _____Married, Single
~~Unmarried~~Name of Wife or
Husband _____Father's Name Andy ZurodadyFather's Birthplace HungariaMother's Maiden Name Margaret ZurodadyMother's Birthplace HungariaName of person giving
Information Andy ZurodadyHow related
to deceased Father

CAUSES OF DEATH

Primary Acute InfectionHow long (104) 2 wks.Immediate ConvulsionsHow long 1 hr.Are the name, age, sex, color, date
and place correctly given above? YesSignature of
Physician F. G. Cowherd

Address

MT Savage, Md.

Accident or Suicide

